The Public Health Nurse

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Tuberculosis and Nursing

A Study

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Photograph by Ellis, Philadelphia

Katharine Tucker

It gives me great pleasure to announce to the members of the National Organization for Public Health Nursing that Miss Katharine Tucker has accepted the position of General Director of the Organization. Our good fortune seems assured with Miss Tucker's guidance and leadership. She comes to us with exceptional preparation, as the brief outline of her experience will show.

Miss Tucker is a graduate of Vassar College, and the Newton Hospital Training School. Since 1910 she has held the following positions: Tuberculosis Worker, University of Pennsylvania Hospital, Social Service Department, 1911; Head Worker, Social Service Department of New York Dispensary, 1912; Social Service Director of the New York State Committee of Mental Hygiene, 1913–1916; President, Pennsylvania State Organization for Public Health Nursing, 1918–1919; First Vice-President 1916–1919, President 1919, Chairman of Education Committee 1916–1918, 1923–, National Organization for Public Health Nursing; Chairman of the Advisory Committee of the Pennsylvania School of Social and Health Work, Public Health Nursing Department, 1916–; General Director, Visiting Nurse Society of Philadelphia, 1916–1929.

I am sure all the members of our

organization will welcome and support the leadership of Miss Tucker. The Board of Directors, in entrusting the responsibilities of this office to her, do so with the knowledge that a fully qualified executive will carry out their policies with wisdom, patience and efficiency. We rejoice that the N.O. P.H.N. new year starts under such auspicious circumstances.

ANNE L. HANSEN
President

SOME REMARKS ABOUT THE STUDY WHICH FOLLOWS

Tuberculosis nursing is one of the pioneer activities in the history of public health nursing in this country. In the early days, the nursing service consisted chiefly of giving bedside care and providing material relief to the tuberculous in their homes. A little later when sanatorium facilities were available, the activities of the nurse included the education of the patient in the value and importance of this type of care, more especially as it contributed to the welfare of the individual patient. With the further knowledge of medical science came greater emphasis on the care of the undernourished contact child which resulted in the establishment of open air schools and preventoria. When it was definitely shown by X-ray and tuberculin tests that infection and possible tuberculous disease could be present without malnutrition, it was evident that any sound anti-tuberculosis program should devote its attention not only to the patient but to all those individuals who had been in contact with the disease. This resulted in a more general and widespread development of diagnostic clinic service. A further step was the establishment of a standard of visiting which would approximately determine the quantitative adequacy of a field nursing service. The estimated ratio of three contacts to each diagnosed case afforded another yardstick for determining the extent to which the service was meeting the need.

Perhaps more significant than the development of the facilities and services for diagnosing and preventing tuberculosis, was the gradual change in the nursing service itself from that of a specialized one in which the responsibility for all the tuberculosis nursing was vested in a few nurses, to that of a generalized service in which the effort to prevent tuberculosis became the duty of every public health nurse.

During the last 20 years, while many of these developments have been taking place, the tuberculosis death rate has been cut in half—an actual saving of 100,000 lives annually on the basis of the present death rate. We are told that case finding has played no small part in this tremendous saving of human lives. It seems reasonable to suppose that a nursing program that has kept pace with the development of preventive medicine should likewise have made a significant contribution to case finding. And yet Dr. Linsly Williams and Miss Hill find in a study of 1,499 patients in 18 sanatoria throughout the United States and part of Canada that but five of these cases had been found through the efforts of the public health or visiting nurse. Immediately the question arises whether or not these findings are typical of the public health nursing field as a whole. There are some factors which would lead one to believe that the larger picture might show a more positive aspect of tuberculosis nursing.

In the first place, is the study adequate? It bases its conclusions on 1,499 out of an approximate total of 60,000 sanatorium cases, and 18 out of a total of 600 sanatoria. Is this a sufficiently large group from which to draw conclusions applicable to the entire group and the entire country?

It is possible that some of the sanatoria might have been private institutions in states having adequate sanatorium facilities and reasonably adequate nursing services, but which would in no way be indicative of the contribution of the nursing service to case finding in this group. Up to the present time the family that is able to

pay for the care of a private physician is not so likely to enlist the services of the public health nurse for instruction and supervision in the prevention of tuberculosis, since this responsibility is frequently assumed by the physician. It is to be hoped that more and more physicians will call upon the nurse to give this kind of service to their private cases.

On the other hand, the findings in a state sanatorium in a state with adequate nursing service would be equally misleading. True, it might show the need of better nursing service in that particular state but would in no way be indicative of the nursing needs of the country as a whole, nor the actual contribution made by existing nursing services if the cases admitted to the sanatorium were determined on the basis of the extent of the disease.

Would the results have been different if the information had been obtained by a nurse who could have included a further study of the nursing records in the community?

Unquestionably the public health nurse's greatest contribution to case finding and tuberculosis prevention is in the age group under 15. It would be worth while finding out how far a similar study of this younger group would offset the apparent negligible contribution in the group over 15. Undoubtedly one of the biggest gaps in the entire anti-tuberculosis program is the lack of adequate provision for education, supervision, and examination of this adult group who are employed and whose hours of employment coincide so nearly with those of the nurse that she rarely has an opportunity for conveying her health message directly, but must in too many instances rely on another member of the family to deliver it for her. It is evident how ineffective such a method must be. And yet this is the age group in which we find our highest death rate from pulmonary tuberculosis and where a case finding program is so clearly indicated. Here indeed is a problem calling for more than the services of the community nurse in obtaining a satisfactory solution.

Might not a survey of all the sanatoria in a state with a satisfactory nursing service show results that would reward the nurse for her efforts in case finding and stimulate her to greater service? And similarly, in a state with an inadequate service the results might offer convincing evidence for increased appropriations for such a service in that particular state.

A satisfactory community health program must of necessity be a family health program. In like manner a sound tuberculosis program must concern itself with the health of every member of the family. And since tuberculosis still heads the mortality list of communicable diseases whose prevention depends so largely on a campaign of education, why have public health nursing organizations been so tardy in making this a part of their health service? Case finding is not a method that is applicable to known tuberculous contacts alone, but to families in which the nurse visits for prenatal, post-partum, child welfare, bedside care, mental hygiene or any other type of service which she may be called upon to render. An intelligent application of this method of tuberculosis prevention implies some knowledge of the nature of the disease. Has this knowledge been supplied the nurse during her training? Have the post-graduate courses in public health nursing laid sufficient emphasis on tuberculosis nursing? Is provision made to give her special instruction and supervision in tuberculosis by the nursing organization itself?

The results of this survey are challenging and it is earnestly hoped that further studies may be made in the allied problems of tuberculosis nursing, if by so doing there may be awakened a greater interest in this important phase of public health service which should be a part of every community nursing program.

VIOLET H. HODGSON
Assistant Director, National Organization for Public Health Nursing

The Public Health Nurse and Tuberculosis

A Study of Public Health Nursing Service for the Tuberculosis Patient Before Hospitalization

By Linsly R. Williams, M.D., and Alice M. Hill
National Tuberculosis Association

IN the ideal program for the cure and prevention of tuberculosis the public health nurse is assigned an important place. Whether her tuberculosis work is specialized or is a part of a general nursing service her activities are expected to include the searching out of possible cases; the instruction of the actively tuberculous person and of members of his family regarding the measures to employ in the home to bring about the patient's cure and to prevent the spread of infection to others; the stimulation of attendance at clinics; and assistance in the hospitalization of patients.

But to what extent is the ideal actually in practice? This question is one of many concerned with defects in the scheme to eradicate tuberculosis to which the National Tuberculosis Association has been giving thought. In an effort to learn the answers to some of them the Association has procured histories of what happened to 1,499 patients prior to their first admission to a sanatorium. All the patients were white, were at least fifteen years of age and all were diagnosed as having pulmonary tuberculosis at the time of entrance. The histories were special ones and were recorded for the National Tuberculosis Association by physicians attached to eighteen institutions, representative not only of the different sections of this country and Canada but also of public and private sanatoria. The questions covered many details. Five were related directly to nursing. These were: "Did health nurse visit patient?" "If so, what kind?" "Reason for first visit?" "Date?" "Number and frequency of subsequent visits?" Only those items dealing with the nursing service will be discussed here.

THE FINDINGS

Only 46 per cent of the patients, 688 of the 1,499, had ever been visited by a public health nurse before entering a sanatorium. At first thought this is surprising, but several explanations appear from the figures. The first is that public health nursing has been developed to varying degrees in the areas served by the different institutions which have sent in the histories upon which the study is based. From 82.5 to 88 per cent of the patients in the group admitted to the state sanatorium of New Jersey and to the county sanatoria located at Rochester, New York, East Akron, Ohio, and Oaklandon, Indiana, had been visited by a public health nurse prior to their admission. On the other hand only 7 per cent of the patients admitted to the Mississippi state sanatorium, only 13 per cent of those admitted to the Manitoba provincial sanatorium, and only 19 per cent of those admitted to the Georgia state sanatorium had received a visit. Of course this means that certain sections of the country have failed to provide an adequate number of public health nurses.

Another factor besides that of an inadequate number of nurses which enters into the problem is the financial status of the patient. That is a peculiar situation in which the person best able to pay for something is the one least apt to obtain it, but it is the situation in which patients able to secure treatment in a private sanatorium find themselves. Fewer than one-fifth of the patients admitted to any of the private sanatoria sending histories had been visited by a public health nurse prior to their admission. Two such sanatoria reported one-eighth of the patients previously

visited by a nurse, one reported just one patient out of 71. Of itself this might not be so serious, for adequate instruction can be given by the physician if he has the time and inclination to do so, but it is serious when coupled with the fact brought out by analysis of these records that fewer patients admitted to private sanatoria have received instruction from any physician about the disposal of their sputum, the use and the washing of their dishes, sleeping alone and other sleeping arrangements, than those admitted to public sanatoria. Since instruction in the fundamentals of cure and of prevention are considered essential to the improvement of the patient and the well-being of those in close contact with him it is to be deplored that any patient and his family should be deprived of it because they live in an unprogressive section of the country or because they belong to a class whose financial status seems to act as a psychological barrier.

FACTORS AFFECTING VISITS

That a patient was or was not visited seems to have been little, if any, affected by the sex or by the extent of lung involvement. Forty-seven per cent of the men, forty-four per cent of the women had been called upon by a nurse. The group showing the highest proportion visited was that of the moderately advanced men, 53 per cent, the group showing the lowest was that of the moderately advanced women, 39 per cent. But this is probably due to the fact that histories of a preponderantly large number of moderately advanced men were sent in from the New Jersey state sanatorium and of a preponderantly large number of moderately advanced women from the Mississippi state sanatorium, two of the six institutions sending histories for less than a complete census group, and that New Jersey provides more nursing service than Mississippi.

A third explanation why a number of patients did not receive a visit from a public health nurse is that in a goodly number of cases the private physician or clinic, patient and sanatorium cooperated to effect early hospitalization. Of the 811 patients not visited 27 were admitted to the institution before being definitely diagnosed as having pulmonary tuberculosis and 271 had been diagnosed less than a month when they entered, some of them only a day or two. In these instances the only cause for regret is that more emphasis on the search for cases by nurses might have brought about an earlier diagnosis of tuberculosis.

FAILURE TO FIND CASES

The public health nurse has frequently been described as the most effective agent for the finding of new cases. Probably where a nursing service is functioning with a high degree of efficiency, she is. But it was astonishing to find how small a part she had played in bringing to light the cases of these 1,499 tuberculous individuals. She visited the patient because he had already made application for admission to a sanatorium; she visited him at the request of a clinic, of a private physician, or of the health officer, as a rule after the case had been diagnosed, and in exceptional instances to take the temperature or otherwise assist in obtaining information upon which to make the diagnosis, or to give nursing care before the making of a diagnosis. But she visited exceedingly few with a view to discovering tuberculosis. In *just two* of these 1,499 cases was it recorded that a public health nurse was the instrument for bringing the patient to his first physician or clinic and in another, for bringing him to a second, a clinic physician, after more than a year without medical attention. In two others she was responsible for the diagnosis because her urging that the patient have a thorough examination and not just a superficial one brought about a change to a more interested physician. These five instances were confined to Manitoba, New Jersey and St. Louis County, Minnesota.

It may be that public health nurses are responsible for the discovery of a higher percentage of cases known to tuberculosis clinics alone, or possibly of a higher percentage of those remain-

ing in their homes under the care of a private physician, but certainly it is worthy of consideration that they could be given credit for finding only one-third of one per cent of these sanatorium patients. Such a figure would indicate either that the nurse is not sufficiently grounded in the basic principles of public health work for her to keep an intelligent eye open for new cases, or else she is so overburdened with her case load that she has no time for case finding. Either condition should be remedied. While it is generally agreed that the first duty of a nurse requested to visit a tuberculous person is to give the patient adequate instruction, "to interpret and adapt the physician's orders to the conditions in the home," and that at times it may be advisable to give nursing care under medical supervision, her next duty probably is to see that all contacts are examined in order that new cases of tuberculosis may be found in as early a stage as possible and also to prevent the development of the disease in those who have been infected. From the histories studied it would appear that this duty is being neglected.

HOME SUPERVISION

Adequate home supervision of the patient with active tuberculosis implies visits at weekly intervals over a considerable period of time. Authorities agree that less extensive instruction is of uncertain effectiveness. With this in mind it is interesting to consider the figures for the number of visits made to the patients under consideration. Of the 688 patients visited at all by a public health nurse, 203, or 30 per cent, had been visited just once; 186, or 27 per cent, had been visited twice; 290, or 42 per cent, had been visited three times or more; and 9 patients, or 1 per cent, had been visited an unreported number of times. In other words, of the whole group of 1,499 patients 54 per cent had not been visited at all, 14 per cent had received one visit, 12 per cent had received two visits, 19 per cent had received three or more visits and less than 1 per cent had received an unreported number of visits.

These figures should not be held necessarily to imply a criticism of the service given by nurses. That so many communities have made no provision for nursing service has been mentioned as one reason why patients have not been visited. Early hospitalization has been mentioned as another. But at least 500 not visited were diagnosed anywhere from a month to many years before their admission to a sanatorium. Comparatively early hospitalization may have been responsible for the fact that a patient was called upon only once or twice. But an outstanding cause for no visit was that many physicians failed to report their cases to such organizations for nursing as did exist. And lateness in reporting also affected adversely the number of visits. Owing to the rather ambiguous replies in some instances to the question as to the reason for the first visit of the nurse it is not possible to set forth the reasons in any detail, but it is clear that at least 192 of the 688 patients visited had been first visited because they had already made an application to a sanatorium for admission. Many of these as well as others must have been known to their physicians for a long time before they were brought to the attention of a nurse. On the other hand, a high number of nursing visits frequently had a dark side, for it was apt to mean that the patient had a long wait before he could be admitted to the sanatorium. Whatever the number of nursing visits, in very few instances did they come up to the accepted standard in frequency.

NURSING SERVICE REPRESENTED

Seemingly every variety of public health nurse was represented in the visiting of these patients—sanatorium out-patient, board of health, county, district, town, state, provincial, Red Cross, tuberculosis clinic, tuberculosis association (state and local), school, public welfare, social service, city hospital, general hospital, industrial, visiting nurse association, and others unknown or unspecified. The question as to the kind of nurse was not always answered with sufficient clarity for a

line to be drawn between a generalized or a specialized character of service. No attempt has been made to evaluate the contributions of each type of nurse, but two items of interest have arisen from the data. First, no one of the nurses to whom credit is due for the diagnosis of the five patients noted above was reported to be a tuberculosis nurse although possibly one or more was. Two of them, one district and one board of health, brought about the diagnosis as a result of school work; two, one district and one county, as a result of work with tuberculous members of the household; and one city nurse, visited because relatives had died of tuberculosis. Second, the patients who were visited before their admission to the four sanatoria at Oaklandon, East Akron, Rochester and Glen Gardner—half of the patients who were visited by public health nurses—comprise about nine-tenths of the patients visited by those described as tuberculosis nurses, whether under sanatorium, clinic, tuberculosis association, or unspecified auspices; and except in New Jersey only a very few of these patients had been visited by any other than a tuberculosis nurse.

DEDUCTIONS

This study would indicate that tuberculosis public health nursing is far from adequate. To come within bowing distance of the ideal more nurses are required to initiate public health nursing in many districts, to lighten the case load in others; nurses already at work need to exercise a decidedly greater interest in the contact and to visit their tuberculosis patients more frequently and physicians generally must be aroused to the value of public health nursing so that they will permit those other than the poor to receive its advantages and so that they will report all cases promptly.

In the Dispensary, Hôtel Dieu, Burgundy—A.D. 1443
The Nursing Mirror

Posture, Health, and Efficiency*

By Fritz B. Talbot, M.D.
Boston, Mass.

As civilization becomes more and more complex, the activities of daily life become less well adapted to man's physical and nervous make-up. Not only is there a marked increase in tempo, but there is a change in the character of occupation which in itself is a handicap. Consequently, only by careful attention to the fundamentals of health can an individual be prepared fully for the severe demands which must be met. The extent of the added strain can, I think, be easily demonstrated by a comparison of modern life with that of fifty or sixty years ago. At the end of the last century the average child spent a large proportion of the day at school, just as he does now, and under much less comfortable physical conditions. After school was dismissed, however, the child was free to play as he wished, or if he was required to "do his bit" for the family, could be given tasks which were physically active and refreshing after the hours of study. Even in moderately large cities it was possible to find an open field for play, or to roam about happily without thought of being run over. Thus in the pursuit of leisurely pleasures and the outdoor interests that are so engrossing to a child, exercise was incidentally and unconsciously included.

Today, on the other hand, even in the country where comparable surroundings are still to be found, there is comparatively little opportunity for complete relaxation in unorganized activity. Many schools, to be sure, have relieved the strain of study in great measure by providing the best physical surroundings and rearranging the daily program, but this only partially compensates for the additional number of facts to be learned, and cannot counteract the fatigue of keeping up the pace which results from intensification of life by such inventions as the telephone, radio, automobile, and aeroplane.

These and other devices, which have marvelously enriched our lives, have also enforced upon us a tremendous strain which is liable to bring physical and nervous disaster unless special precautions are taken; and the precautions are needed while the individual is very young. It is essential that from earliest childhood there be no encroachment on the nervous and physical reserves, for growth into a sturdy adult is impossible if there is a constant drain of any sort. Daily demands are heavy even during childhood and later when more and more responsibility must be assumed they become, as we all know, very difficult to meet. We no longer quietly hitch up the old nag once in a while to drive to town for supplies: we telephone instead to have what we need deposited at the door and then use for pressing business moments which otherwise would have been spent peacefully jogging down the road. As the result of all this, new and greater emphasis must be placed on the *dangers of fatigue* and more thought must be given to *methods of keeping fit*. Because we instinctively and automatically retain habits which are formed during early childhood, anyone who learns at an early age the requirements of hygienic living has a great advantage in the struggle to become thoroughly efficient over someone who must not only lose old habits but acquire new and different ones. Consequently, the changes in civilization thrust upon the adults of today particularly heavy responsibility for the well being of the coming generation.

* Read at the dedication of the Nursery School, Vassar College, Poughkeepsie, New York, February 6, 1928.

POSTURE IN RELATION TO EFFICIENCY

Proper mechanical use of the body, that is good posture, and the avoidance of fatigue are probably among the most fundamental requirements of general efficiency. The two are so intimately connected that it is impossible to discuss one without the other. Posture always becomes worse with fatigue, and fatigue in turn is always increased by poor posture. Both factors are closely related to malnutrition. Because the standards of fatigue are vague and difficult to delineate accurately, it is most satisfactory in a discussion like this to consider posture the starting point of the vicious circle, and to ascertain the standards that are best for each type of individual. Thanks to the efforts of physical educators and to the work of Dr. Joel Goldthwaite and his associates, the importance of this in adults and older children has been pointed out. Little or no attention has been paid, however, to posture of children between three and twelve years of age. This is strange because most educators and physicians would frankly agree that the time to instill good postural habits is before deformities have developed and become fixed—in other words, before or during the period of growth. As no one has yet determined the optimal standards for young children, the teacher of elementary and earlier grades has a double task; she must collect data from which to build up a standard, and when indicated, devise methods of postural training which do not involve constant irritation for the child. I know of no place more suitable for such research than a nursery school.

Figures have been obtained from adults which show that there are distinct hereditary body types. Individuals may be roughly divided into three groups; those who are short and stocky, those who are long and lanky, and those whose build is intermediate or average. The extreme type of adult finds the establishment of good posture more difficult than one whose build is intermediate. No studies have yet been made to determine the type of body which in the course of growth is naturally held properly, and to show in what degree apparently bad bodily mechanics in the very young are pathological, and in what degree they are merely the result of temporarily disproportionate growth of one part or another. Records should be made of the posture of these children at intervals of six to twelve months until sufficient data is available, so that the future posture of each type of child can be accurately predicted.

RECORDS ESSENTIAL

Charts of the height and weight of each individual should be kept, entries being made at stated intervals; and all illness should be recorded so that its effect on development may be known.

Courtesy of the American Child Health Association

Complete satisfactory figures cannot be obtained without a thorough knowledge of the hours and type of play, and the amount of rest and sleep included in each child's daily program. This requires the coöperation, sympathy and understanding of parents, for the activities at home influence a child just as much as do those of school. The most satisfactory postural records are lateral and anteroposterior photographs of the nude body both sitting and standing in the position which is assumed unconsciously, and in that which the child has been trained

to take. Such photographs should be made every few months to indicate whether the postural training which is provided results in the establishment of good habits, or whether it is merely giving the child additional information. They may also demonstrate whether or not the standards which are set are those best suited to optimal development, especially if it is possible to keep track of each individual until adolescence or early maturity. It will also determine whether the natural development of the child is toward good posture, and, if not, what factors play a part in preventing this.

Courtesy of the American Child Health Association

The desirability of making such records accurately and consistently at brief intervals can be fully appreciated when we realize that the development of the race through the centuries from four-footed progression to upright walking is passed through by every baby. The first method of locomotion is to crawl on all fours, a procedure which requires very different muscular control from that needed in after life. As the child takes his first walking steps, all the body mechanics change. If circumstances are favorable and the individual is not handicapped by illness, undue obesity, or cumulative fatigue, practice gradually makes him very efficient. The natural trend of development under ideal conditions is toward good posture, particularly if there is no chance for mimicry of a bad example. Consequently, the chief duty of anyone who wishes to instill good postural habits into very young children is to determine what conditions are ideal for each stage of growth, and as nearly as possible to provide these conditions. This means that standards must change with the speed at which development progresses and that what is best for a child one week or month may not be best during the next week or month. These standards have not been established.

SUITABLE POSTURAL TRAINING

After good standards have been determined, however, the problem of suitable postural training, if desirable at all, for these very young children will be far from simple. The most exquisite judgment and tact are necessary to awaken the desire of attaining an ideal without nagging and constant irritation. A reformer with narrow vision may, it is true, succeed in developing the body to perfection, but often only at the price of mental fatigue and revolt which are more harmful than temporarily imperfect body mechanics. All the elements of well-being, both mental and physical, must be constantly kept in mind and given their relative importance. Much can be accomplished by means of play which is designed to develop an even balance between the muscles and thus lead to natural assumption of good posture without effort or thought. If certain muscles seem to be unduly weak in relation to the rest of the body, some cause other than mere lack of use should be looked for. Those of the abdomen are often weak because distension of the stomach stretches them, diminishes their efficiency, and prevents their normal development. The cure for this is to be found in a change in the quantity or quality of the food.

There is no question but that a large and protuberant abdomen makes a load which tends to drag the entire anterior part of the trunk downward, thus creating a strain which it is difficult to overcome without continuous conscious effort. Sometimes it is even necessary, in older individuals, to use abdominal supports to relieve such strain, but such artificial means of obtaining good posture are generally undesirable.

Careful adaptation of a child's environment to his comfort and needs greatly facilitates training. No one, not even an intelligent adult, is willing to maintain good posture in the face of constant discomfort. Chairs and desks can be built and adjusted so that they are comfortable and favor unconscious assumption of the best posture. Beds also can be so arranged that it is difficult to fall into undesirable positions during sleep. Pillows for instance ought either to be discarded completely, or to be so flat that they cannot push the head forward, and mattresses should be soft but *level*.

ATTENTION DURING CONVALESCENCE

During a brief convalescence from illness the benefit of many months of training can be lost, and I am sorry to say that this is very frequently the case. There is always some means or other of raising the patient's head to the desired degree without flattening the chest and rounding the shoulders. Attention to fatigue at such times is quite essential in hastening recovery. There should be frequent opportunity for change of position while the patient is still in bed; and when convalescence has progressed far enough to allow getting up, activity must be resumed gradually and interspersed with intervals of complete relaxation. At all times children are more susceptible to fatigue than are adults, and after an illness this natural susceptibility is greatly increased. One of the most common causes of fatigue is prolongation of any given activity. A child cannot concentrate mentally or physically for more than fifteen or twenty minutes at a time without being unduly tired. Therefore ample opportunity must be allowed for variation of all sorts, and the length and sequence of games, lessons, and resting periods carefully considered. Particular attention to fatigue is necessary in the winter, for it is then that the incidence seems to be greatest. This is also the time when the number of available activities is very much reduced by the fact that weather conditions frequently keep young children in the house a large part of the time.

RESULTS OF POOR POSTURE

It may, perhaps, be well to mention here some of the results of inefficient use of the body. If the feet have weak arches and are held in bad position, they may ache, the ankles may be so weak that they are easily strained, a knock-kneed position may be assumed, water on the knee may develop, and backache may become troublesome. This should be corrected at the onset. A change in the relation of the pelvic girdle and spine, both of which support the trunk, greatly alters the tension on the muscles of the back and abdomen. Lordosis or sway back is nearly always accompanied by sagging and protuberance of the abdomen, which in turn may later evoke troublesome or serious symptoms such as constipation or cyclic vomiting. Lordosis is usually accompanied by flattening of the chest with restriction of the diaphragm and of pulmonary ventilation. Lack of room for the lungs to expand probably hampers their physiological activity and increases their susceptibility to infection. When the head is habitually carried forward instead of erect on the shoulders the lifting action of the sterno-cleido-mastoid muscle on the anterior chest wall is lost and the relation of opposing muscles becomes abnormal. Any of these defects of posture destroys the beauty of the human body and should be considered a deformity, but casual inspection of groups of people shows that public opinion is not sufficiently against such deformities to have called for any efficient methods of prevention. The business man's stoop and the much-to-

be-deplored debutante slouch cause a large number of individuals to become old in their youth. A few very strong characters are able to surmount all physical handicaps, but the mental growth of the majority is retarded and reduced by the fatigue and strain which accompany poor posture.

I believe that the elements of poor mechanical use of the body in the very young form the background for many handicaps in later life. Many individuals naturally remedy the faults that arise in the course of growth; others need the help to be found in well-adapted physical training, and if they do not receive it, may in adult life be subject to backache, gynecological abnormalities, indigestion, malnutrition, chronic fatigue, and both physical and mental inefficiency. Some investigators even believe that bad posture predisposes to appendicitis and pulmonary tuberculosis. It is for future investigations to point out which group or type needs preventive training, and which group can be expected to correct itself naturally during the course of development.

In sharp contrast to the results of bad posture are the effects of suitable mechanical use of the body. An individual who is really well set up is almost without exception radiantly healthy, unsusceptible to disease, and mentally efficient. Dr. Armin Klein* found in his study of 1,700 children in the junior grades of public high schools that:

> During the first quarter of the school year 68 per cent of the individuals receiving postural training and 73 per cent of the control group were never absent from school.
>
> During the last quarter of the year the percentage of trained children with perfect attendance records had risen to 81 (an increase of 13 per cent), while that in the control group had only risen to 75.2 (an increase of 2 per cent).
>
> The scholarship records of these 1,700 children are very interesting. During the year 34.5 per cent of those receiving physical training improved in academic standing, while only 27.2 per cent of the control group showed increased intellectual ability.

But this is not all. The degree of scholastic improvement was greater in the children whose posture improved than it was in those who did not change their physical habits. This investigation by Dr. Klein lends further support to the observation which had been made previously that the scholastic work of children whose posture is graded as "A" and "B" is on the whole higher than that of children whose posture merits only a grade of "C" or "D." Such facts as this emphasize the far-reaching effects of proper hygiene in the community.

Postural training may be therapeutic as well as prophylactic in its effects. Persistent constipation, the discomforts of gas and other obscure abdominal pains, and cyclic vomiting, are often relieved by the maintenance of good posture. Whether or not malnutrition is the primary cause of poor mechanical use of the body and fatigue, or whether poor posture is the initial offender, the fact remains that correction of postural abnormalities usually breaks the vicious circle of this triad. Nothing fundamental can be accomplished, however, if fatigue, the great American ailment, is not eliminated.

If we succeed in correcting a majority of the postural faults which now exist among young adults, we shall greatly increase the prophylactic value of good physical training for young children. They learn so much from imitation and mimicry that the setting of a good example will in large measure facilitate the educational problem. It will also relieve us of the need of constant suggestion, for the example in itself will be an ever present reminder of what good posture is. Thus we may reduce the conscious effort now required to establish suitable habits, and obtain good posture without encroaching on the happiness of the individual. When we have been able to do this we can be sure that those who succeed us will be better able than we are to meet the increasing demands of life, and it is probable that some of our ills will have been captured and locked back in Pandora's box.

* Personal communication.

What Do School Nurses Do?

A Report of Observations in the Lincoln Public Schools, Lincoln, Nebraska

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WHAT do school nurses do? What should they do? What should they not do? How much time do they spend in this or that activity? These are questions often asked. In fact nurses themselves, particularly when beginning as school nurses, often ask such questions, since they are uncertain as to what is expected of them and what is the best use of their time.

There are hundreds of children in school who are malnourished; almost 25 per cent have apparently serious tonsil or adenoid difficulty; two to three hundred children serious visual defects that need immediate attention. Since all of these problems affect the attendance and work of the child in school it is apparent that friendly home visits by school nurses to explain and urge remedial aid or integrate the home and the "in school" program are of primary importance. That there is more than sufficient of this work to do to occupy the nurse's field time is apparent. Each nurse ordinarily has from the close of school at 3:30 until 5:00 o'clock daily to spend in the field. Many nurses make such calls during the forenoon or afternoon as soon as other routine indoor work is completed.

WHO SHOULD DO FIELD WORK

To suggest that other public health nurses outside of the school should do this field work would be illogical. The most conspicuous cause of the lack of success of health education efforts in school is the lack of information or inspiration and necessary coöperation on the part of the home. The school nurse who works closely with the principal and teacher and sees the children at school is the logical person to effect the home contact and is best received in giving instructions.

The number of home calls that a school nurse makes then is an important index to her value and efficiency as a nurse, all other conditions being equal. What shall be a standard of achievement in this important work? A study of the rather complete reports of six nurses covering a period of 33 weeks was made with a view of answering this question.

The Director, in conference with the school physician and each nurse, individually, interpreted the results of three studies making comparisons with the average, high and low, and making suggestions for adapting or improving each nurse's work. It is believed that the mere finding of the data will be of value in the future not only to the local staff but others as well.

Nurses in Lincoln do no regular group classroom instruction. Instruction often covered by school nurses is included in the instruction outlines for teachers in elementary schools. The scope of work of each nurse is different, which must be borne in mind when making comparisons.

TIME STUDIES

In the first study the daily-weekly reports of school nurses during five four-week periods were chosen. Four weeks of each of the following months were taken as representing a sample of nurses' work under seasonal variation: October, 1926; January, April and October, 1927; January, 1928. A schedule was kept indicating average time spent on number of tasks completed per week per school nurse, under such headings as class room inspections, routine medical inspection, treatments, homes visited, teachers consulted, parents consulted, clerical work and the like—as completely representing the content of each nurse's day as possible.

In the second study the daily-diary report plan was carried out during the month of April, 1928. Each nurse reported from six to nine half days of work including each school in her schedule either once, twice or three times. During the time indicated each nurse was requested to record the actual minutes given to various activities in and out of the building, each half day on a separate blank.

It was understood that each would record in terms of intervals of kind of work done—in order that a picture might be obtained of the consecutive duties, interruptions, etc., that occur. When the reports were turned in the actual activities were then classified and tabulated in terms of minutes per total one-half days reported. Percentage distribution of this time over the activities was then figured for each nurse. A grand total of time reported by each nurse for each activity was then made and percentage distribution per average one-half day per nurse was taken. These data appear in the accompanying table.*

This study reveals the extent to which a nurse's preferences will determine the emphasis she gives to the kind of work she does. One who enjoys pupil conferences will arrange as many as possible while another finds little time for this work. The situation itself will dictate certain activities but there is little doubt that preference leads to the activity in excess of the average. These data become of real value when each nurse has an opportunity to compare her time expenditure with the other three figures of the table.

COMPARISON OF WAYS IN WHICH NURSES SPEND THEIR TIME, BASED ON DAILY DIARY OF SEVEN NURSES COVERING 50 HALF DAYS DURING APRIL, 1928

Activities	Per cent of time spent in various activities		
	Maximum for any nurse	Minimum for any nurse	Average for all nurses
Cleaning, care of or arranging of equipment	10.7	4.	6.3
First aid, examinations, exclusion, temperatures, etc.	28.0	8.5	19.7
Pupil Conferences	22.0	1.5	16.08
Teacher Conferences	10.0	2.0	4.8
Principal Conferences	5.2	3.0	4.1
Clerical	15.	5.3	11.3
Telephone	15.	1.5	5.1
Home Calls	22.2	4.0	11.2
In transit	7.8	2.2	5.5
Inspection of classes	12.9	2.0	4.09
Office	7.0	1.7	2.2
Health Service	10.0	0.0	5.2

Health Service should be interpreted as vaccination clinics.
Office, the office of department and school physician.
Pupil Conferences include health conferences with children soon to start to school.
Cleaning, Care of Equipment, etc., include preparing for clinics and cleaning up after same.

* Results of studies I and II may be obtained from the Department of Physical and Health Education, Lincoln, Nebraska.

Quarantine is probably the oldest method of preventing the spread of disease. Even in Biblical times, lepers were kept in separate colonies, and not allowed to mingle with uninfected people. Apparently the first use of quarantine in what may be termed an official way was in Venice and other ports in the Fourteenth Century, when vessels suspected of carrying plague were held for forty days after arrival so that those aboard who might just be coming down with disease could not land and spread the infection. The word quarantine comes from the Italian quarente or forty, the number of days of detention.—The Canadian Red Cross.

Common Interest Problems of State Directors of Public Health Nursing*

By Eva F. MacDougall, R.N.

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IN Indiana we try to serve all groups of public health nurses, those employed by unofficial as well as by official health agencies. This means that school nurses, tuberculosis nurses, city health department nurses, bedside or visiting nurses, and industrial nurses come under our observation. The only other advisory nurses in the state are a nursing field representative employed by the American Red Cross and two district advisory nurses, one employed by the Metropolitan Life Insurance Company and the other by the John Hancock Life Insurance Company.

In our relation to these groups of nurses, the most important problems confronting state directors are:

To get the right nurse in the right position. Placement work is one of the most important tasks of a director. It enables her to insure the right standards of public health nursing in a service from the beginning.

To maintain good nursing technique. Since the nurse is a teacher, and her every nursing procedure is usually carefully observed by imitative children or adults, she cannot afford to be lax on this score.

To make sure that the nurse's visit includes sound health education. There is a scientific plan for the essential content of a home nursing visit which the nurse must understand thoroughly.

To see that the nurse knows how to form her program in a systematic manner to meet the needs of her community, instead of proceeding each day without any preconceived plan.

To make sure that the nurse closely adheres to her medical ethics. There is no type of nursing which taxes a nurse's knowledge of medical ethics and judgment in practicing it, as does public health nursing, where in the daily round of her duties she comes in contact with the patients of not only every physician in the community but of every quack as well.

To see that the nurse knows how to mobilize and utilize voluntary assistance.

To see that the nurse understands how to coöperate with other agencies in the community or state which can assist her in furthering her work.

Pearl McIver, director of the Missouri State Department of Public Health Nursing, while at Teachers College, Columbia University, last year, made a study of staff education for rural public health nurses in twelve selected states. She gives six methods of attacking the staff education problems which were used by the directors in these twelve states. They are enumerated here with an explanation of the way in which each one is used in Indiana.

PERSONAL CONTACTS—OFFICE AND FIELD

We always encourage new nurses to visit the state office either before taking positions or shortly after, and we explain the resources of the state in health work. They are given an opportunity to talk with the heads of departments of the State Board of Health and our health commissioner himself.

The new nurse visits the university hospitals, with which she has many contacts in the course of her work. She meets the executive secretary of the state tuberculosis association or the Red Cross nursing field representative. We aim to leave nothing undone which will make the nurse appreciate the interest we and the other state agencies feel in her and her work.

In the field, our hope has been to visit each public health nursing service at least twice a year, but with so many

* Read before the Public Health Nursing Section of the American Public Health Association at the Fifty-seventh Annual Meeting at Chicago, Ill., October 15, 1928, and printed in the December number of the *American Journal of Public Health and the Nation's Health.*

services and some of them needing more assistance than others, it has never been possible to get around to them all even once in any year. We try to visit the new nurses early, spending from three days to a week with them. Sometimes we find that spending an evening with a nurse does much more toward creating confidence and good feeling than does contact during hours on duty.

Since Indiana has so many joint public health nursing services and the American Red Cross has a nursing field representative in the state who sends us reports of her visits to every service and confers with us about them, we agree to have her make the field visits on all services in which the Red Cross participates, leaving us freer to spend more time in the other services.

Tuberculosis association funds are used in more of the county services even than Red Cross funds, and since the state tuberculosis association employs no advisory nurse, our department serves them in that capacity. We consult with the state tuberculosis association executive when we visit any service where tuberculosis association funds are used, and report any developments of interest to his department. Since our department is the connecting link in state supervision of public health nursing between the Red Cross and the state tuberculosis association, we also report to him anything of interest concerning tuberculosis service given on the report of the Red Cross nursing field representative, and report to the Red Cross Headquarters in Washington on any service to which the Red Cross is contributing, sending a copy of our letter to the state Red Cross nursing field representative.

CORRESPONDENCE AND BULLETINS

The second method of attacking the problems of staff education is by contact with the nurse in the field through correspondence and bulletins.

We believe thoroughly in publicity in public health nursing through our special bulletin, *Echoes,* and through the State Board of Health *Bulletin* to which we contribute. In our State Board of Health *Bulletin* we announce new placements made by our department with a description of the nurses' training and experience, and also mention the nurses who are taking special courses in public health nursing. We believe that these bulletins are giving all the public health nurses in the state a group feeling.

REGIONAL CONFERENCES

We have only made a small start, but the experiments so far lead us to believe that the regional conferences can be the very best means of teaching the nurses better ways of doing things, because requests for these meetings come from the nurses themselves.

We have divided the state into five public health nursing districts, the size determined not only by the number of public health nurses in them but by the types of services which they contain. We believe the city staff nurses and the county and town nurses need to get together.

There will probably be a fundamental program arranged for each district, based on the general need of all the nurses and including demonstrations of nursing procedures, but there will be a certain latitude for choice of topics by the nurses themselves which they indicate in the questionnaires sent to them.*

ATTENDANCE AT STATE AND NATIONAL MEETINGS

We urge attendance at the annual meetings of the state tuberculosis association and the Indiana State Conference on Social Work, not only for the parts of the program which touch directly upon nursing, but for the larger vision of organization possibilities in individual and family case work.

At the annual meeting of our State Nurses' Association a day is given over to a public health nursing program. Our department is always consulted about the program and we coöperate by obtaining speakers and planning

* These regional conferences are now being carried on.

special round tables and exhibits for the nurses.

Each year more nurses attend the annual conference of our state health officers. We suggest to our State Health Commissioner for inclusion in the program the names of one or two nurses who are doing outstanding work. The health officers need this contact with the nurses and the nurses need the health officers' point of view.

A loan library which contains the standard and latest health publications is another factor that can be used in promoting staff education in a state.

POSTGRADUATE STUDY FOR NURSES

This can be arranged in five different ways:

By providing scholarships. Since the Indiana State Board of Health does not contribute to the salary of any public health nurse, as some state departments do, we have no funds for scholarships.

By maintaining a rural teaching center. This method has never been attempted in Indiana because nurses desiring to do county work can easily take public health nursing courses at nearby colleges or get experience on public health nursing staffs in Indiana cities.

By offering extension courses. Our department could do a great deal toward presenting the opportunity for extension work to the nurses, and we mean to be more active in this than we have been.

By arranging short intensive courses in various specialties. The National Tuberculosis Association and the American Red Cross have both held institutes in the state.

By arranging for leaves of absence. Many times our department has been instrumental in having a health officer, a superintendent of schools, or a health committee see the advantage of allowing a nurse a leave of absence to visit some good public health nursing service for a week or more for observation; or taking a summer course, or even a year's course, in public health nursing.

The first requisite for developing an effective staff education program is coöperation with other state and national health agencies. A director should not think she is the only authority on public health nursing in her state. Since so many public health nursing services are financed by combinations of the Red Cross, the county tuberculosis association, the health departments, and school boards, there would be a tremendous amount of confusion among nurses if the executives did not confer on every point.

DIFFICULTIES

I think placement is the most difficult factor in a state director's work. We never recommend a nurse to a service to which tuberculosis funds contribute unless her credentials have been discussed with the executive secretary of our state tuberculosis association, and no nurse is recommended for a service to which the Red Cross contributes unless her credentials have been submitted to the assistant director of public health nursing for the American Red Cross in Washington. Each organization extends the same courtesy to our department whether or not official funds are being used to finance the service.

The State Nurses' Association can be a bulwark of comfort and assistance to a director who is professional and tries to have the public health nurses live up to the standards set by the state and national nursing associations.

We make every effort to coöperate with the state medical association as an organization and with individual physicians. The publicity bureau of our state medical association sends us 100 copies of its weekly news bulletin release which we send out with our correspondence. Many of the nurses use this material for publicity in their local papers. One of our hobbies is urging the nurses to observe better standards of ethics with the medical profession at all times.

Effort is made also to have every public health nurse join the National Organization for Public Health Nursing, and subscribe to THE PUBLIC HEALTH NURSE.

Public health and public health nursing are new; state divisions of public health nursing are newest of all, and much still has to be done before their work fully meets all needs. I cannot think of any greater opportunity to serve or of any work which demands greater energy and ingenuity than that which falls to the lot of state directors of public health nursing.

DISCUSSION

By Pearl McIver, Director Public Health Nursing, Division of Child Hygiene, Missouri State Board of Health, Jefferson City, Mo.

One of the most valuable phases of our staff education work in Missouri has been our combined conferences of health officers and public health nurses. Seven years ago the nurses met for an annual conference and the health officers held their conferences at a different place and time. Two years later we sent questionnaires to all health workers suggesting a combined conference, and by far the majority voted for the combined meeting with joint sessions in the morning and sectional meetings in the afternoon. Last year, many health officers asked that all of the sessions be joint sessions because the nurses had many speakers whom the health officers wanted to hear, and the nurses felt the same way about the health officers' section. Thus next year we will perhaps have very few sectional meetings and more joint sessions.

From these conferences we have developed an affiliated society of the American Public Health Association, and the attendance of rural health workers at the annual meeting is almost 100 per cent.

For several years we have been conducting regional conferences for the nurses, and the non-official health agencies, such as the state tuberculosis association and the Red Cross, have been a big help in making these meetings successful. The nurses are asked to suggest topics for discussion, and a tentative program is sent to each nurse for her approval, some time before the conference meets. Since the Missouri Public Health Association meeting is held in the spring and the State Nurses Association in the fall, we plan but two regional conferences in each district during the year, one in the summer, and one in the winter. The health officers have not had regional conferences until this year. The health officers suggested that the nurses be invited to have their regional conferences at the same place and time as theirs. Hereafter we shall plan our meetings together.

Like most states, we have found it difficult to supply the demand for well qualified nurses. We have tried to adhere to the State Board of Health regulations, which require a minimum of 4 months' postgraduate work in public health nursing, or in lieu of the postgraduate training, 8 months public health experience under adequate nurse supervision. In a few instances, we have been forced to accept nurses who do not fully meet these requirements.

For this reason we felt the need for a teaching center where prospective public health nurses can be given a rather thorough introduction to the rural field. We have just established such a center in connection with the Boone County Health Department, and we hope that it may solve some of our problems.

Boone County is a rather typical county with a population of 30,000, 11,000 of whom live in Columbia, the county seat. The rural section is divided into two districts, and there is a nurse in each district. There is an additional nurse in Columbia, with a whole-time medical director, a supervising nurse and an office clerk. The funds for the support of this unit come from the county court, the city schools, Red Cross, tuberculosis association, local welfare society, the State Board of Health, the U. S. Children's Bureau, and the International Health Board; so it is truly a coöperative undertaking.

It is our plan to send every nurse who has not had field experience in rural work to the teaching center for a period of observation and practice. The length of this training period will depend upon the previous experience and training of the nurse; but as a general rule we are planning to keep each nurse at the teaching center for 2 months. Those who have had previous public health experience on a city staff, or an approved theoretical course will be placed in counties by themselves, and those who have not had the required 8 months' experience under supervision will be placed in counties where we have a supervising nurse.*

* A study of rural training centers and a description of the Boone County plan will be printed in our February number.

Organized Tuberculosis Work in Canada

By Edna L. Moore, R.N.
Field Worker, Canadian Tuberculosis Association

In connection with the meeting of the International Council of Nurses to be held in Montreal in July, 1929, we plan to publish a series of brief articles on public health activities in Canada.

THE Canadian Tuberculosis Association was formed in 1900 with headquarters in the capital city of Ottawa. The membership from the outset was small; and the amount of funds likewise, was never great.

Efforts immediately were directed toward organizing local tuberculosis societies to promote interest in securing sanatorium facilities. Public opinion was aroused and governing bodies were approached by these groups. When the Association was formed there existed in Canada only three sanatoria with less than 200 beds. In 1914, when the program was interrupted by war, there were 30 sanatoria with 1,800 beds. At present there are 5,401 beds. The number of deaths, in 1927, was 7,764, a rate of 81.7.

A demonstration in tuberculosis and child welfare work was begun at Three Rivers, Quebec, in 1923. This was made possible by the participation of four groups in the financial responsibility with the Association—the Dominion Government, Canadian Red Cross Society, Sun Life Assurance Company of Canada and the Quebec Provincial Government. The demonstration has proved its value and the five-year period has been extended. The Maritime Tuberculosis Educational Committee was formed in 1926, through the interest and assistance of the Health Committee of the Canadian insurance companies. An office has been established at Moncton, New Brunswick, with a Medical Director who also acts as traveling diagnostician. In April, 1928, a public health nurse was added to the staff to carry on publicity and organization work.

In 1926 the Association decided to attempt the organization of the Christmas Seal Sale throughout the Dominion as the first step toward a unified educational and fund-raising campaign.

Before deciding upon an objective in any community, official health authorities were consulted as to the most necessary auxiliary step in the development of their policies. The work of carrying on the campaign in the different centers was done by voluntary workers. In many instances full responsibility was assumed by a service club.

Appointment of Nurse Field Worker

Early in 1927 a public health nurse was appointed to the position of Field Worker. Five communities have been interested and enabled to establish public health nursing programs in connection with local clinics. One city has equipped and opened a dispensary with a public health nurse in charge of case-finding and follow-up work. Several existing activities have been strengthened to the point of expansion, and four health camps were able to extend their work during the past summer.

The relationship of the Association to the nurses in these centers is purely coöperative. However, every effort is made to meet requests for information on any phase of their work. Literature of various types is supplied for distribution.

The Sun Life Assurance Company of Canada donated scholarships to physicians engaged in tuberculosis work in each province which enabled thirty clinicians to study the methods of tuberculosis work in Great Britain, France, Switzerland and Italy and attend the Conference of the International Union Against Tuberculosis at Rome.

The Diet of Diabetic Patients

By Kathleen M. Lewis
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Third in a series of articles on special diets

THE increased interest in diet, food and nutrition, together with the influx of numerous fads and cures for dietary problems, has made a theoretical and scientific background a real necessity for those persons connected with the medical profession.

Diabetes is a disease which concerns a great many persons, all of them looking anxiously for a cure and unless the present advised method of treatment is clearly understood and defined there are unusual pitfalls, wherein the results are often disastrous. To date, the foundation of all methods of the treatment of diabetes is diet, and until some more satisfactory management is found, it is wise to realize the limitations of the diabetic and the reasons for closely following an outlined dietary regime. The majority of diabetics are ever hopeful that a cure-all will present itself, and generally are all too quick to follow any new procedure which is brought to their attention. Through wise dietary management, diabetes, within the past few years, has ceased to be a fatal disease and has come to be regarded as a disease under fair control. The prognosis of the diabetic of today is far more cheerful than it was even ten years ago, and with careful administration of insulin, when necessary, even the most severe diabetic is enabled to live as long and as efficiently as the non-diabetic.

ADJUSTING DIET TO WEIGHT

In diabetes there is seldom the problem of underweight, in fact Joslin has found that three-fourths of the cases under his attention were overweight. Obesity must, if present, be eliminated and if not present, avoided. The fact that acidosis occurs upon a too rapid burning of body fat makes it necessary to eliminate obesity in the diabetic very gradually.

The caloric requirement must be accurately determined and then divided into the correct proportion of protein, fat, and carbohydrate. The arrangement of the diet and requirements should always be left to a physician but a few of the basic principles by which diabetic diets are arranged help one to realize some of the reasons for the careful consideration which must be given to the diet of the diabetic patient. The average adult "at rest" requires about 25 calories per kilo; those leading sedentary lives about 30–35 calories, depending upon age, occupation and so forth, and a few persons need 40 calories per kilogram of body weight.

SIMPLE PRINCIPLES

Originally, when the treatment of the diabetic by diet was comparatively new, the main concern was the carbohydrate metabolism and its limitation. Later, when it became known that fat and protein too helped to produce sugar, these facts made it necessary to consider them, as well as carbohydrate in planning the diabetic diet. The majority of authorities now agree that protein should be allowed in the amount of 1 gram per kilogram of body weight and not exceeding 1½ gram for the adult. For children the protein should be figured as 2½–3 grams per kilogram. The carbohydrate content is usually arranged as one gram per kilogram to form some basis for actually determining the patient's carbohydrate tolerance.

Though many methods for calculating the fat content of the diabetic diet have been devised, the most simple and still effective method is that arranged by Woodyatt: $\frac{P}{2}$ plus 2×Ch. equals Fat (the protein, in grams, plus twice

the carbohydrate, in grams, equals the grams of fat). Thus, as an example:

In figuring a diabetic diet for a woman weighing 50 kilograms or 110 pounds the protein and carbohydrate would each equal

$$50 \text{ grams} \quad \frac{50}{2} + 2 \times 50 = 125, \text{ or } 125 \text{ grams}$$

of fat. The diet prescription would then read as follows—Protein 50; Fat 125; Carbohydrate 50.

Perhaps, in this case, the patient would not be able to utilize the amount of carbohydrate as outlined, it should then be reduced with the protein and fat in ratio, or in a ratio similar enough to the original Woodyatt plan to be effective. To calculate the number of calories from such a prescription the fuel value of each foodstuff would be used:

1 gram protein yields 4 calories		
1 gram carbohydrate yields 4 calories		
1 gram fat yields 9 calories		
Thus Protein	$50 \times 4 =$	200
Carbohydrate	$50 \times 4 =$	200
Fat	$125 \times 9 =$	1125
Total calories		1525

The desire on the part of the diabetic should be to become "sugar free." That object is the salvation of the diabetic even more, perhaps, than the reduction of edema in the nephritic patient, for the absence of sugar means increased strength and lessened susceptibility to infection. The importance of instilling this desire in the diabetic patient is too often left to those who lack knowledge of the disease and its hazards—both mental and physical.

INSULIN

Insulin, discovered by Banting and Best of Toronto, which is prepared from the pancreas of animals and administered hypodermically, rectifies, to some extent, the loss of the power of the human pancreas to utilize carbohydrates properly. Insulin causes a reduction of the blood sugar and "reactions" are due to the fact that the blood sugar falls below the normal level which is about 0.10 per cent.

Severe reactions may result in death if not wisely treated and the diabetic should himself clearly understand the symptoms — nervousness, weakness, pallor, with faintness, drowsiness, sweating, tremor, collapse and coma following closely—and appreciate the fact that carbohydrate in some simple form is the means of overcoming such symptoms. The juice of an orange, a piece of loaf sugar or a tablespoon of corn syrup in water can be used with good results.

Ordinarily one unit of insulin causes one to two grams of carbohydrate to be burned, equaling 4–8 calories. The average daily dosage is from 5 to 60 units depending upon the amount of carbohydrate included in the diet plan which cannot be utilized by the body itself.

RELIEVING THE PANCREAS

The main organic impairment of the diabetic, it should be remembered, is believed to be the pancreas, and the burden of the pancreas is an excess of carbohydrate. Carbohydrate (sugar and starches) should be used with discretion and the more concentrated forms of both should be avoided entirely—as candy, sugar, potatoes and bread. Even breads made with specially prepared flour are not advisable and the diabetic should be taught that the low carbohydrate vegetables (5 and 10 per cent) are the important sources of bulk in such a diet.

There are many diabetic manuals on the book shelves today, any one of which contain valuable tables of the various foods used in calculating the diabetic diet. The following incomplete table will serve only to give briefly the quantities of protein, fat, and carbohydrate contained in some foods in common use on calculated diabetic diets.

THE PATIENT EDUCATED

The most ideal arrangement is for the patient to know food values and to learn which foods should be included and which should be excluded from his diet. He should be taught to prepare,

and if necessary to weigh his diet. The diet should, as far as possible, be a simple rearrangement of the normal and not a wholly special diet.

QUANTITIES OF PROTEIN, FAT AND CARBOHYDRATES IN SOME COMMON FOODS

TABLE I.

Food	Measurement			P.	F.	CH.
	Ounces	Grams	Household			
5% vegetables[1]	5	150	¾–1 cup	2		5
10% vegetables[2]	2½	75	½ cup	1		5
Fruit[3]			1 serving			10
Meat (cooked—lean)	1	30	2½×3×¼ inch	8	5	
Chicken (cooked—lean)	1	30		8	3	
Fish (cooked—lean)	1	30	¼ cup	6	1	
Bacon (cooked)	1⅛	35	4–6 slices	6	18	
1 egg				6	6	
Cheese—American			1×1×1¾ inch	6	8	
Cream and Neufchatel	1	30	2 level tbsp.	6	8	
Cream—20%	2½	75	5 tablespoons	2	15	3
40%	1⅓	40	2½ tablespoons	1	15	1
Milk (whole)	6⅔	200	¾ cup	6	8	10
Butter	1⅕	36	2½ tablespoons		30	
Fat (bacon, chicken, mayonnaise)	1	30	2 tablespoons		30	
Farina (uncooked)	½	15	1½ tablespoons	2		10
Shredded wheat	½	15	½ biscuit	2		10
Oatmeal (uncooked)	½	15	¼ cup	2		10
Uneeda biscuit			2	1	1	10

[1] Asparagus, beet greens, Brussels sprouts, cabbage, celery, cauliflower, swiss chard, cucumbers, egg plant, endive, green pepper, kale, koli-rabi, leeks, lettuce, radishes, sauerkraut, spinach, string beans, tomatoes and water cress.

[2] Beets, carrots, okra, mushrooms, onions, pumpkin, rutabagas, squash and turnips.

[3] Grapefruit—½ small (4 inches in diameter). Strawberries—⅔ cup. Orange—1 small (2½ inches in diameter). Orange juice—5 tablespoons. Grapes—14 Malaga. Cranberries—¾ cup. Pineapple—¾ cup.

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The Visiting Nurse Association of York, Pennsylvania, sends us this jotting of a unique service rendered by city officials:

When recently the drug store which had handled our night calls for years gave up its night service, we asked the Police Department at City Hall to assume this responsibility. They have used most meticulous care in receiving and relaying calls and have made no mistakes whatsoever. At one time when the nurse's telephone was out of order they dispatched a special officer at once to take the call to her home.

The following incident, however, is an unusual bit of thoughtful service. One night a man from the country district came to City Hall to get a nurse for his wife who was in labor. The Sergeant did not like his looks; so, after giving the address to the nurse, he sent a special motorcycle officer after her to see if it were truly a nursing call. As the Sergeant explained to us later, "It happened that everything was all right; but I didn't like the idea of that nice looking young girl going off with that sort of a customer in the middle of the night."

Finding, Treating and Educating the Crippled Child in Indiana

By Edna L. Hamilton
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IN the fall of 1920 a child of four years was referred to the Public Health Nursing Association of Indianapolis for nursing care by the Public Welfare Society. She had been in bed two months and the diagnosis was paralysis, both legs and right arm, following poliomyelitis. The patient required daily care. In the winter of 1921 the new director of the Public Health Nursing Association became interested in this case. Her own public health experience had been gained in Chicago with the Tuberculosis Association which had brought her in direct contact with the care provided for crippled children by the Visiting Nurse Association and the special schools for crippled children under the Board of Education.

When the case of this child was brought to her attention, the discovery was made that no member of the staff had had any training for follow-up care of the crippled child. Other facilities were sought and it was found that with the exception of a physiotherapist who held clinics twice a week at the Long Hospital of the University, no other care was available for children in their homes.

The facilities of the Long Hospital were limited to a small children's ward, and because of a lengthy waiting list it was finally deemed advisable by the family physician to have the child above mentioned, Sally, admitted to the City Hospital children's ward, to be under the care of the orthopedic staff doctor. Again, muscle manipulation and corrective exercises were ordered by this physician, and it was found such care could not be given by the hospital because of lack of trained workers, and the superintendent of nurses asked the Public Health Nursing Association to come in daily and give this care. Since the child could not be further benefited in the hospital, she was returned to her home and one of the staff nurses again was assigned to visit her and provide what care she could.

In the interim the Association had written to National Nursing Headquarters for names of hospitals and associations interested in the crippled child, and found little being done for these children in their own homes in the United States, the work in Boston and Chicago being outstanding. While some very reputable hospitals existed for the specific purpose of rendering care and treatment to the child in the hospital ward, practically no follow-up work was being done in the home. Even in the hospital wards children were operated upon and put in casts and upon the removal of these were sometimes worse than before because no muscle manipulation or corrective exercise followed.

The book, *Care and Education of Crippled Children,* published by the Russell Sage Foundation in 1914, quotes Miss Edith Reeves, the author, as recognizing five different forms of work for crippled children; orthopedic hospitals, convalescent hospitals or homes, asylum homes, dispensaries, and special day schools only. She also emphasizes, as the work develops, the fact that a crippled child, like any other child, is not simply an isolated "case" for surgical treatment or a "special problem" educationally, but is also a human being. His development toward the standards of normal living is possible only if he is considered as a member of a family and part of the community as a whole.

Letters sent out to various cities of Indiana brought back the word that nothing was being done for the unfor-

tunate children who were born with a club foot, congenital dislocation or any other crippling defect. In fact, in Indianapolis and elsewhere the opinion was expressed that there were not many crippled children in Indiana anyway. Even today, such word has come back from certain sections and very little is being done out in the state in corrective care or schooling. But the fact remains that crippled children are being born every day, that others are made crippled by disease, accident, or improper care. These children are not before the public, however, but are kept at home, pitied, pushed aside, neglected physically, or spoiled by the parents or family until their inferiority complex is well developed, or their mental attitude toward life in general is hopelessly distorted.

At the annual meeting of this Association in 1922, it was decided to set aside a fund to be known as the Abbie Hunt Bryce Fund in honor of Mrs. Abbie Hunt Bryce to whose efforts the existence of the Public Health Nursing Association was largely due, this fund to be used for scholarships for the nurses.

It was thought fitting that the first scholarship should be for preparation of some of the staff in physiotherapy. The only physiotherapist at this time was the one employed by the University. She agreed to teach four nurses and the University permitted her to have them at class in her rooms at the Medical School. They were to assist her in the treatment of the out-patients, a number of whom were children found by the public health nurses on their rounds in the districts and who were brought by them to her clinic. This class met for the first time in the fall of 1922, and continued for fifteen weeks, after which each of the nurses spent one morning a week assisting the instructor in the physiotherapy clinic at the Medical School.

FINDING THE CRIPPLES

Careful statistics were kept of the crippled children reported to the Association by the nurses, including some whom the nurses attended as new-born babies. These were tabulated and a report presented to the Secretary of the Community Fund, whose coöperation was secured in launching a city-wide survey of crippled children. A committee from the Public Health Nursing Association approached the orthopedic surgeons. They were interested, but felt Indianapolis did not have many deformed children. However, they approved of the study.

The Superintendent of Schools, Mr. E. U. Graff, was visited by representatives from the Association, and he, too, was much interested and agreed to assist by having the questionnaire (to be drawn up by the Public Health Nursing Association and printed by the Community Fund) enclosed with the report card of each child and sent to the parents. A questionnaire was also to be given each principal who in turn was to fill in any names she might know of and return her slip with those of the children.

The questionnaires were printed, over fifty thousand of them. All the Public Health Nursing Association auxiliaries, friends, and groups of individuals agreed to coöperate. They not only folded the questionnaires and fitted them into envelopes, but sorted them for the schools, and directed the envelopes for others. Every graduate nurse, every physician, each social agency, all the ministers, priests and rabbis received a questionnaire, with a form letter explaining the purpose of the survey and asking their assistance and coöperation in returning the questionnaire at an early date.

The purpose as stated was as follows:

> To offer to crippled children home treatment through the Public Health Nursing Association (such care to be given only under physician's orders).
> To educate parents in the importance of early corrective treatment.
> To help locate crippled children who might be in need of hospital care.

Within six weeks after the questionnaires were sent out, and after all duplications had been cleared, a total of 335 names were found to need investigation. The next four months, sum-

mer of 1923, the four nurses spent in making home calls. Almost without exception it was found that the children were not under any medical care. A few had attended Long Hospital Orthopedic Clinic, but the parents had for the most part become discouraged at the time required for improvement or cure and after a few visits had discontinued taking their child to the clinic. A very few patients were under the care of private physicians, but the great proportion or approximately 300 were having no care at all. Friends of the Association had given a car in 1921, and with this one car and two nurses now assigned to this work the process of getting these children to the Orthopedic Clinic was started. The nurses continued to find crippled children under school age or new babies born with club feet or other deformities, and at the end of 1924, 469 patients had been visited and 3,221 calls had been made in the interest of these patients. An organization known as St. Margaret's Guild had assisted in supplying braces for which other funds were not obtainable.

While making the calls on the children reported through the survey, it was found that of the 335 cases, 229 were of school age. Fifty-three were unable to attend school because of their deformities and 25 had never been to school at all. A pathetic situation was revealed, for while the blind, the deaf and dumb and the feeble-minded were receiving, and had been receiving attention and education for years, the crippled child, with his mind more alert, his mental capacity probably above the average in most instances, had been left out of the picture entirely. Practically all of these children could be educated and their earning capacity developed, so that they could be self-supporting in part or in full.

At the annual meeting in January, 1924, the need for a school for crippled children was stressed. The Director of the Indianapolis Foundation was present, and some time after the meeting he asked for an interview with the Director of the Public Health Nursing Association and her committee. At this time the offer was made of a fund sufficient for the support of one nurse for the care of crippled children, and of a closed car for her use in making calls, and also in transporting the little patients back and forth to the clinics, brace-makers, shoemen, and whatever purpose necessary. This nurse was definitely assigned to the orthopedic work on June 1, 1924.

The schooling of the crippled children became the next question, and one for which it took two years to find even a partial answer. In September, 1925, a school accommodating twenty was opened. There was a class room, with special desks, a rest room well furnished, a dining room and a gymnasium. The equipment and the luncheon expense, the taxis for transporting the children, a driver for each car and the attendant, the physiotherapist and the nurse were all financed by the Foundation. Sally, now nine years old, the real instigator of the survey, was not admitted the first day because of her helplessness. However, her disappointment was so great, and her mental ability so evident that arrangements were made to admit her within the first month of the school opening.

In 1927 the facilities were increased to accommodate forty children with the additional space and the Public Health Nursing Association is using every effort to arouse the interest of the public, that a special building may soon be provided with all modern facilities for the education and vocational training of all types of orthopedic and heart cases.

Even today educators are prone to shrug their shoulders, and wish to overlook the act of Continental Congress in 1785, one of whose provisions was "There shall be reserved Lot 16 of every township for the maintenance of public schools within the said township." Nothing is said about any limitations on educational facilities provided for by taxes. We find there but one provision, "A common school education for every child." In 1787 in a famous ordinance adopted by

Congress, was this article, Article III—"Religion, morality and knowledge being necessary for good government, and the happiness of mankind, schools and the means of education shall be forever encouraged."

As Jane Neil, principal of the Spalding School for Cripples in Chicago, which is maintained by the School Board, so aptly says, "Search the records and nowhere do we find it obligatory to set three story school buildings on hills beyond the reach of paralyzed muscles; nor do we find laws prohibiting the bringing of the child to facilities or of transporting facilities to the child."

THE PRESENT PROGRAM

The Abbie Hunt Bryce Fund has continued to be the source of funds used for the special preparation of members of the staff in physiotherapy, an average of four nurses yearly receiving this education.

May 1, 1928, another nurse was added to the orthopedic staff by the Foundation so that the Public Health Nursing Association of Indianapolis is able to give care in the homes to all children referred to it and to see that these children are transported for necessary care.

In 1923 the cornerstone of a children's Hospital was laid, and this hospital, the James Whitcomb Riley Memorial Hospital of Indiana University, was opened October, 1924. All modern appliances for the care of crippled children are available, including a gymnasium and special clinics for muscle manipulation and corrective exercises. These are in charge of experienced physiotherapists.

The Board of Education supplies teachers so that the child in the hospital ward is happy in the consciousness that he will take his place among his fellows when able to return to school.

The Public Health Nursing Association orthopedic nurses, due to the cooperation and interest of the director of social service of the University Hospitals, make follow-up visits to the out-patients of the Riley Hospital, and also take children back and forth to the clinics. The clinical treatment is supplemented when the clinicians so direct by physiotherapeutic treatments to the children in their own homes, so that a crippled child in Indianapolis now can receive both hospital and home care.

This is with the hope that when our crippled children of today come to maturity, it cannot be said that they wholly lacked opportunity for education and vocational guidance, which is the unanimous excuse of our adult cripples whom we encounter begging on our streets and at our doors.

WEEKLY INDEX TO PUBLIC HEALTH NURSING

A mediaeval monk once said: "A monastery without a library is like a castle without an armory—our library is our armory."

The Index to Nursing Literature is a dream still to be realized, but the *Library Index* prepared by the National Health Library is a fact and a useful piece of armor in every public health nurse's equipment. This weekly index covers the current literature in the field of public health. It is classified under such headings as General Public Health, Child Hygiene, Health Education, Nursing, Nutrition, Public Health Nursing. Each article is annotated and the page is arranged in such a way that the items may be cut, mounted on cards, and filed, thus forming a valuable subject index of current, live material.

It is urged that all public health nurses who have already subscribed, renew their subscriptions before they expire, and that all who are not yet acquainted with it, place their subscriptions beginning with the new year. The cost is two dollars and fifty cents ($2.50) a year. Send orders to National Health Library, 370 Seventh Avenue, New York City.

Savings and Investments*

By Winifred L. Fitzpatrick
Associate Director, District Nursing Association, Providence, R. I.

DO nurses as a group save money—is a question often asked. Nurses are like every other group of women. Some are natural born savers, some were taught to save in their childhood, some have learned the value of saving through sad experience, others have not yet learned the lesson. This latter group consists largely of the young graduates and there is no group more enthusiastic or interested in saving when encouragement is given and a plan presented to them.

Once each year in November or December, the Providence District Nursing Association devotes the entire time of one staff meeting to the consideration of the value of savings and investments.

The object of the meeting is to stimulate in each nurse the formation of the habit of regular saving. The discussion is led by the Director and is in the form of a friendly chat on the importance of regular and systematic saving by every individual, with some objective in view. The objective may be a trousseau, a trip abroad, a post-graduate course, the purchase of a home or a fur coat, the creation of an estate for one's dependents or provision for one's old age.

Efforts are made to interest the young staff nurse in annuities, by pointing out how cheaply they can be purchased while one is still in the twenties. It is, however, easier to get the young nurse to save for the project nearer at hand.

Budget keeping is recommended as the first step in the savings plan, and the very simplest monthly and yearly forms are presented and explained.

The various methods of saving money are discussed in the following order:

Savings bank
Insurance
Building and Loan Associations
Stocks and bonds

The Providence District Nursing Association has been fortunate in having on its Board of Managers men and women who are associated with the best saving institutions and organizations in the city and who are always willing to confer with the nurses and advise them about their investments.

SAVINGS BANKS

To stimulate the young nurse to start a savings account the Association offers to deduct from her monthly salary any amount she may elect to save, no matter how small, and make the deposit for her. One board member, the president of a savings bank, arranges to send a messenger each month to the District Nursing office to collect the deposit, when notified that it is ready, returning the books to the office when the bank has made the necessary entries. The plan in Providence is an individual plan, each nurse making her own decision as to whether she wishes to save in this way, and if so how much.

The name of the nurse is on the outside of the pass book and it is kept in the safe at Association headquarters. It is her private property while there and is never looked at by any other person and she may call for it as often as she chooses.

If a nurse does not wish to have her savings deducted from her salary, she may have her deposit made through the office, to save time in going herself to the bank. A list of nurses having deduction and the amount thereof is given to the bookkeeping department each month, and one check covering the entire amount is sent to the bank

* This article appears in the *American Journal of Nursing* for January, 1929. It was preceded by an article in December on the nurses relief problem.

with the pass book. In 1928, $4,383 was deposited for thirty nurses. From time to time the bank books are passed around to their owners and seem to contain many happy surprises for them in the amount accumulated. Apparently they had not realized the rate at which savings grow when kept up systematically.

CLUB METHOD

Another form of savings and one gaining in popularity is that known as the Club Method. Inaugurated by savings banks some years ago as Christmas Clubs, and later as Vacation Clubs, several banks now advertise them as Special Purpose Clubs. The club plan consists of a weekly deposit of any regular amount from .50 to $5.00 and earns interest at the rate of 4 per cent. Deductions for club payments are also made from salary and are sent to the bank monthly with the deposit.

INSURANCE

Previous to the staff meeting at which saving is to be discussed, information from representatives of several insurance companies is obtained and explained to the nurses. This information covers various types of policies, such as:

Straight life policy for the nurse who has dependents and desires to create an estate

Endowment policies maturing in fifteen, twenty or thirty years

Annuity policies that provide a regular income for the nurse when she reaches the retiring age.

Many endowment and annuity policies contain clauses providing for disability, and all such policies have a collateral loan value.

Sickness Insurance, providing a weekly indemnity in case of illness or accident is carried by ten of the staff. The premiums on this insurance are also collected at the District Nursing office and sent to the insurance company.

BUILDING AND LOAN ASSOCIATIONS

These, sometimes known as Co-operative Savings Banks are a popular form of saving. From time to time advice from some member of the Board of Managers is secured on the standing of these organizations.

STOCKS AND BONDS

Expert advice on investments, especially stocks and bonds, is available for every nurse in Rhode Island and can probably be obtained by the nurses in every other state. Investment officers in some of the banks in Providence have addressed various meetings of nurses on the subject, and have invited any nurse to call on them at any time for free advice.

Last year a young nurse who had been on duty but a few months started a savings account of $5 per month. At the end of her first year she received her automatic increase of $10 per month. She came to the Director and asked that this increase be deducted in addition to the $5 already being deposited, saying, "I have lived for a year on my present salary and have purchased two new coats during that time, and if I have managed it for one year I think I can continue to do so." This nurse had never previously saved.

As the habit of systematic saving is the first step to financial independence, results seem to have been achieved by at least one group in Providence, as shown by the following table.

STUDY OF SAVINGS AMONG SIXTY-TWO STAFF NURSES

	59	Saving regularly
	3	Not saving
Methods		
Banks	39	Savings
	25	Clubs (Christmas and Special Purpose)
Insurance	13	Straight Life
	34	Endowment
	1	Annuity
	12	Sickness
Building and Loan	21	
Stocks and bonds	9	
Number saving by 1 or more methods		
	1 method	9
	2 methods	20
	3 methods	19
	4 methods	7
	5 methods	4

The total savings of the 59 nurses as represented above amounted to over $14,000.

Publicity and the Public Health Nurse

By Dwight S. Anderson
National Health Council, New York, N. Y.

IT is a truism to say that the public health nurse's effectiveness, not to say her continuity, depends on widespread confidence and approval. No matter how excellent her work may be, until these have been established, individual resistance is difficult to break down. A nurse cannot personally meet all the people in her district. Comparatively few come to know her value through actual experience, and these few are not always the ones best able to interpret her work to others. Good news travels slowly. It needs to be accelerated by other than spontaneous means. The easiest, as well as the best way to spread it quickly, is through local newspapers.

The diffidence with which the average nurse regards newspaper publicity is perhaps due in part at least to her ethical training in association with the medical profession. She dislikes seeking to get her name in print. Yet the editor usually expects material of the sort she has to offer to be brought to him, rather than send reporters who are often busy on what is considered more interesting news. Besides, newspaper men who interview nurses have been known to err in recounting what she says; they may misread their notes and state that 78 adenoid cases were found when there were only 18. When the nurse writes the copy herself and sends it to the editor, not only is the material more welcome, but it attains greater accuracy in the final form in which it reaches the printed page. What she writes may not always be published quite as she writes it, but if her communication contains all the essential facts, a member of the newspaper staff can re-write it very quickly in "newspaperese."

Give the Essential Facts

Just what are the essential facts from the editor's viewpoint? There are six. They are well known and followed by all newspaper men. Essential facts are the answers to the following questions: "*Who? When? What? Where? Why? How?*" Terse statements of these facts should appear in the first paragraph of a newspaper story. Facetiously, the editor of the *Kansas City Star* once added the injunction: "Stop soon after." But if the story be interesting enough or important enough, it will not be necessary to stop until the desired health information has been imparted.

Here the manner is more important than the matter, in the mind of the editor. He dislikes essays, or informative copy not bearing the slant of news. On the other hand, he will welcome precisely the same material when placed within quotation marks as an interview with the public health nurse and so written as to afford an explanation of a news element in the story.

This news element is always an event. Something has happened. The nurse is going away to visit another section of the county. Why? She gives her reasons, and they comprise the health information she seeks to broadcast. She returns from a convention or meeting. What was it about? She recites the purpose of the meeting, and is quoted concerning a phase of it which she is particularly anxious should gain currency in her community. Given an event, almost anything she wishes the public to know may be tied to it as the answer to "*What?*" "*Why?*" or "*How?*" But an event—a peg to hang the information on—is an imperative requirement with all well conducted newspapers.

This key unlocks all sanctums. The editor is universally a public spirited citizen and wishes to give wide publicity to matters of public health, if this can be done without burdening readers with what he has learned to

know they do not care to read. By which is meant the encyclopedic sort of thing having no basis in a present-day happening. But when an event is recounted in the story, and the informational material otherwise undesirable appears as an explanation of the event, he knows very well his readers will be keenly interested.

Common Errors

A common tendency among those who write only occasionally for the press, is to combine in one story, several events, or a number of subjects. Do not try to tell everything at once. It is far simpler to stick to one phase of your work than to attempt to treat all of it exhaustively. Items have appeared in newspapers which present the annual report, list of new members, results of a prenatal clinic and plans for next year. Each of these could be made the subject of a separate story, affording an advantage in the repetition of impression on the reader.

Typical Stories

Here are a few typical stories. It is well to note that every item states when the event occurred, whether it was "yesterday," "late last night" or "At ten o'clock this morning."

This was used by the Visiting Nurse Association of Elizabeth, N. J.:

> Funds to maintain and increase the work of the Visiting Nurse Association will be sought from October 11 to October 16, the executive committee announced at a meeting at Carteret Arms yesterday. Paul Debevoise, of 830 Salem Avenue, Hillside, will be the chairman. He has issued a letter explaining the program of the association and asking for support.
>
> Mr. Debevoise, explaining the intentions of the association, in his letter said:
>
> "Reports from other communities indicate conclusively that a city the size of Elizabeth should have at least twelve visiting nurses to care properly for the sick who cannot afford the service of private nurses. Our association was seriously handicapped during the epidemic of colds and grippe last winter by having only six nurses; obviously not enough.
>
> "It is highly important that this service be enlarged, not only for humanitarian reasons, but from a practical business and hygienic point of view. The only way we can consistently increase our budget is by getting a definite line on our income for the coming year. To accomplish this, we intend to make an effort this month to secure sufficient donations or promises to carry our organization through next year and allow for the increased personnel which has become necessary. We hope in this way to avoid periodical appeals through the year which have been necessary in the past.
>
> "The effort above referred to will last for a period of one week commencing October 11, and a list will be published daily in the *Elizabeth Journal*, showing the progress of the fund. Checks drawn to the Visiting Nurse Association and mailed to the above address so as to arrive by October 8, will be included in the initial list of donations which will appear on the evening of October 11.

An interesting story is culled from another New Jersey newspaper:

> An educational institute for nurses will be held tomorrow and Friday in City Hospital, Newark, under auspices of the New Jersey State League of Nursing Education. Several nurses from this city will attend if their professional duties permit.
>
> Registration will take place at 9 o'clock in the morning and at 10:30 o'clock the institute will be convened, the State president, Miss Jessie M. Murdock, of Jersey City, giving an address of welcome. She will be followed by Miss Florence Dakin, educational director of the State Board of Nurse Examiners. (A list of speakers and their topics follows.)

Here is an effective story adapted to the rural press, which is culled from the *World*, of Tiro, Ohio.

> "Most men are able to reason out that it's no use to lock the barn after the horse is stolen. Most women know that you can't darn the sock after the foot is completely worn off. But there are many men and women, too, who refuse to pay any attention to the first symptoms of tuberculosis, and only become alarmed after the disease has reached the incurable stage," said Miss Anna LeRoy, county public heath nurse, in endorsing the Christmas seal campaign.
>
> "Anyone who has to be sure he has tuberculosis before he does anything about it throws away his best chance of recovery," added Miss LeRoy. "I

think it will be a splendid thing to have a tuberculosis nurse in the county who can discover these early cases and get them to a physician for treatment. The tuberculosis work in this county is important. It is work which certainly ought not to be left undone. But no one public health nurse can look after a very great part of it. The county is too large and there are always too many other things to do.

"A man died in Crawford county a few weeks ago from hemorrhages brought on by an advanced case of tuberculosis. He was poor and without relatives. He died in his one little room as he had lived—alone, uncared for. His body was not found until several days after his death. Certainly here is proof enough of the need of a tuberculosis nurse."

Sources of Stories

A list follows of other events on which stories may be based, and susceptible of carrying instructive or persuasive material. It is by no means exhaustive. But nurses who consult this list from time to time may recognize opportunities to educate the public which have been overlooked.

PERSONNEL

Elections and resignations, deaths of board members and officers.

New members of staff.

Appointment of special committees.

Public meetings; advance notice of speakers, and another account of what they said for publication the following day. Secure this well in advance if possible, and supply to newspapers ahead of time, with notice on the copy it is not to be published until after the meeting, by writing "Released for (insert date)" in upper right hand corner of the first sheet of copy.

Special entertainments. List those who participate and all who are present. Sometimes, when it is necessary to supply the copy before the event happens, say "The following were invited." Be sure to list everyone.

In small cities or towns:

Selection of special nurses for special pieces of work; describe work fully.

Out-of-town trips on active duty in the district; state purpose before going, and something about results on return.

Announcements of marriages, deaths and births to former staff members.

ADMINISTRATION

Advance announcement of board meetings, especially annual meetings, with statement of purpose, or forecast of possible action.

Report of such meetings, reciting any action taken or plans made.

Lists of contributions. (Make this a report rendered at a meeting of a committee if possible, or at least to an official. State by whom and to whom report is made.)

List of volunteers: just what they are going to do and when; why they are needed, and whether more are needed; to whom to apply.

Announcement of plans for next month or next year.

Opening of new services, coöperative plans, clinics (naming personnel), districts created.

Removal or refurnishing of office.

Change of hours or telephone number.

Announcement of campaigns for funds: amount needed and why; definite statement of how money is to be used; appointment of committees; reports from time to time on progress of campaign.

THE NURSE'S WORK

Any new work undertaken.

Annual report of visits and patients; receipts, expenditures.

Monthly reports. (Condense important items).

Feature largest or smallest totals; connect with case story and picture if possible. Do not use name or picture without express written consent of person; if a minor, of father.

Advance notice of clinics; results of clinics.

Epidemics: progress taken to control; number of cases seen; be sure to subordinate work to that of official health department's head. Consent might be secured from medical advisory board and Board of Health to publish nursing advice over name of association.

Epidemic totals.

Case stories—to illustrate a need, or a problem, or a triumph. Connect with a recent event, or decision of board, or new service, or weather. (What nurse did the day of the blizzard, or how the nurse carries on in a flood.)

Campaign plans: Such as toxin-antitoxin campaign—mention committees or sponsors—places for clinics, etc. Repeat and publish report of first day, or "best day"—biggest baby, etc., and number of persons inoculated.

Addition to nurse's equipment—new cars, uniforms, establishment of office library or what not.

Appeals for special articles needed in work; such as baby carriages, wheel chairs. Link with case story when possible.

Attendance of nurses at out-of-town meetings, conferences, conventions—special study courses.

New hospital affiliations for student nurses. Small towns—names of nurses as they change.

Announcement of all special clubs or classes for patients. Red Cross Home Nursing Courses, etc.

If office has a loan library, announcement

of recent additions. If no library, coöperate with public library and jointly announce acquisition of health books.

A Last Word!

And be it remembered—all who feel a sensitiveness toward rushing into print—that readers of newspapers never stop to think that somebody writes the contents, much less ever consider the possibility of others than the regular staff preparing items. Your transactions are solely with the editor, and it is not his business to destroy the public's confidence in his omniscience. By taking your copy to him you have helped produce his newspaper; he may never thank you, but cordial relations established with a man who perhaps reaches more people in a day than you do in a year, is an anchor to windward.

MIDWIFERY—A LONG NEGLECTED SCIENCE

"Why now I see Queen Mab has been with you. She is the fairies' midwife."
Mercutio in Romeo and Juliet.

At a fete at Exeter, England, in connection with the University of the South-West, Mrs. Stanley Baldwin pleaded for the endowment, when the University is fully established, of a Chair of Midwifery, "a long-neglected science." Also that when the Midwifery Chair is created it should be opened to women.

From the Twenty-fifth Annual Report of the Queen's Institute of District Nursing we take the following notes:

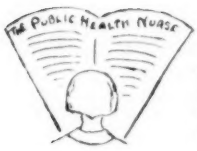
In an article in the *British Medical Journal*, Dr. J. S. Fairbairn, Obstetric Physician to St. Thomas's Hospital, analyzed and discussed the returns collected by Miss Rosamond Paget giving the results of the midwifery undertaken by the midwives in connection with the Queen's Institute during the year. The figures show that the maternal mortality in their practice during the past twenty years has been rather less than half the general maternal mortality rate in England and Wales as shown by the Registrar-General's returns, a result which, the *British Medical Journal* remarks in commenting on this paper, is not merely highly creditable to the nurses concerned, but which must give all those who are interested in this great national problem cause for reflection. It should be borne in mind that these good results are gained in the homes of the mothers, and for the most part in rural or semi-rural areas and in mining and industrial districts, therefore their work is largely carried on without the resources of services available in London and other large centers.

"A midwife saved Thomas Hardy for the world when the surgeon had given the new-born baby up for dead. From this not altogether auspicious but certainly not inappropriate beginning a quiet, meditative and somewhat delicate child developed."—*From review in New York Herald Tribune of the Early Life of Thomas Hardy (Macmillan).*

The Degree of "Master of Midwifery" is now being offered by the Society of Apothecaries to medical practitioners who, among other qualifications, have held for six months a resident appointment in a recognized obstetric hospital, and have attended a recognized prenatal clinic and a recognized infant-welfare center for not less than three months each. Candidates must also pass examinations in obstetrics, infant welfare, and diseases of infancy.

Apothecaries' Hall, on the occasion of the opening of their new building, presented a diploma to the Prince of Wales. The prince is actually "duly qualified to practice medicine, midwifery and surgery." He is the only honorary member the company has ever had. "And that," the prince remarked himself, "probably is just as well."

How to Use the Magazine



It is a joy to find what you want when you want it, and an aggravation to search in vain for information which you know exists if you only knew where to find it! These brief suggestions are being printed with the idea of making the material in the magazine readily accessible and as useful as possible to our readers. Frequently teachers, writers and speakers from among our nurse members write for this information.

The yearly index to the magazine is always found at the back of the December issue. A page guide is printed on the first page of this index. Articles are listed under their titles, authors and subjects. There are as many cross references as space allows. Book notes and reviews are indexed separately at the end of the general index. It is always advisable to look up your topic under several references. For instance, information on prenatal work might be found under prenatal, pregnancy, maternity care, or reference reading in book notes. There is always a chance also that the special departments may carry some tidbit of information — under "Policies and Problems" for example, or "Organization Activities" if a committee has been working on the subject, or the "Board and Committee Members' Forum."

For current numbers of the magazine previous to the publication of the index, the ideal method would be to subscribe to the weekly *Library Index** of current public health articles and clip and paste the items which are arranged under subjects for this purpose. There are three other good methods for keeping track of valuable material. The first is the most elaborate but the most accurate and time-saving in the end.

Prepare a topical card index, listing under headings the articles interesting to you personally. References to other periodicals may of course be added to these cards, making a permanently useful file.

Clip the table of contents for each month, usually printed on the fourth page of the front advertising section, check articles of interest, and keep in a clip binder—or paste on front of magazine where they may readily be read.

Separate the pages of the magazine, and file those articles and notes of interest to you in clip binders, or book files under subjects. This, of course, is less satisfactory, for the rest of the magazine is spoiled and frequently desirable articles on different topics end and begin on the same page.

For the convenience of our readers we call attention here to our special numbers, special departments, and special series of articles.

January—contains list of nurses in executive positions in states; list of number of students registered in approved courses of public health nursing.
April—list of summer schools and institutes open to public health nurses.
May—statistical report of salaries of public health nurses and school nurses by population group.
June—preschool child number.
September—school nursing number.
October—mental hygiene number, 1928.
December—maternity number; index.
A special number is always published following the Biennial Convention, as July, 1928.

The usual departments, which may be omitted for special reasons, are:

Organization Activities—News of the N.O.P.H.N. membership, board of directors, committees, staff. Edited by the General Director of the N.O.P.H.N.
Policies and Problems of Public Health Nursing—A department for open discussion of problems to which anyone is invited to send questions.
Board and Committee Members' Forum—Edited by Mrs. G. Brown Miller, Washington, D. C.
Red Cross Public Health Nursing—News of public health nursing service edited by Elizabeth G. Fox.
Reviews and Book Notes.
News Notes.

* National Health Library, 370 Seventh Avenue, New York City, $2.50 a year.

Educational Opportunities

AN INTERESTING STUDENT AFFILIATION

In many schools of nursing in Virginia as in other states the hospitals offer few facilities for training student nurses in the care of babies and children. How to obtain experience in pediatrics seems to be a real problem with many directors of schools of nursing.

Norfolk is an old city and we have an old organization, which was responsible for developing a visiting nurse service and later a children's clinic. In connection with the children's clinic is a nursery, where sick babies are kept for weeks at a time. There is also a small ward for children who have minor operations. Through the Visiting Nurse Service we have a complete system of follow up for all clinic cases.

It occurred to the State Inspector of Training Schools that our organization offered a rich field for experience in pediatrics for student nurses from local hospitals; so she came to us for help. We soon had an affiliation with two hospitals in the city and with one in Portsmouth, just across the river. Dixie Hospital, which is about fifteen miles away, also felt that we could be of help. Dixie Hospital provides training for colored nurses. As our city has a population one-third colored, and we have six colored nurses on our staff, we felt that we could give these young women definite experience among their own people, which would be of benefit not only in learning to care for babies and children, but in learning the health problems of their own race.

Details of Affiliation

It was necessary for the Dixie nurses to live in the city, as it would have been impossible for them to travel back and forth each day, so we made an arrangement by which the Dixie student boards with a colored nurse on our staff. Dixie Hospital meets this expense. The students come to us for a period of two months. All hospitals send new nurses the 15th of the month, every two months. In this way classes and demonstrations can be held at the same time for all students.

We are particularly interested in the training of the public health nurses from Dixie since we know that the need is great for work of this sort among the colored people. The Dixie nurse who comes to us, will, we believe, not only see the baby and the child, but the family as a whole and by following these cases from clinic to home and then back to ward and nursery will realize that health work among her people can best be done by nurses of her own race, and that she will become interested in this great problem—the health of the negro race.

BLANCHE F. WEBB,
Director, Norfolk City Union of the King's Daughters, Norfolk, Va.

ANOTHER AFFILIATION

Many schools of nursing are finding in the public health field an opportunity to supplement the experience of student nurses in services in which the hospital facilities are lacking. Registration of a school of nursing may frequently be secured by the expedient of an affiliation with a properly organized public health nursing association where the student works under careful supervision and accurate records of case experience are kept and returned to the hospital.

The New York State Board of Registration now reports 7 schools of nursing in the state which are supplementing hospital experience with a public health nursing affiliation.

That the school of nursing has also a fertile educational field to offer the graduate nurses on staffs of public health nursing organizations is evi-

denced by the plan of the Dayton Visiting Nurse Association. In this organization the staff nurses felt the need of a refresher course in pediatrics. The director of the Visiting Nurse Association and the superintendent of nurses of the Miami Valley Hospital conferred, and as a result the whole visiting nurse staff is joining the senior class at the hospital for afternoon lectures once a week in pediatrics. The possibilities of continued education—"refresher courses" and intellectual inspiration which a return to training school days even in this simple way might mean, seem to us unlimited, besides being an example of practical coöperation.

A LEAVE OF ABSENCE

Most supervising nurses recommend that every staff nurse return to some college or university for further study at regular intervals. But few of them, and particularly those connected with state health departments, feel that they can ask for a leave of absence for themselves. There are so many problems, administrative, political and otherwise which come up unexpectedly in a state health department, that the majority of us hesitate to leave the state for more than a month or six weeks at a time. When the opportunity to spend a year at Teachers College as a Fellow of the Rockefeller Foundation came to me last year, I had the same misgivings and doubts. However, after returning to the state and getting back into the harness again, I think I can say emphatically, that it was a most valuable experience both from a personal standpoint and also from the standpoint of my work. My heartiest recommendation to all state supervising nurses is "Get away from your work for six months or a year, especially, if you have been on the job for as long as five years. You will come back with a much better appreciation of your coworkers and perhaps they will feel the same way about you."

Getting away from all responsibility for a few months certainly helps to distract one's mind from petty trials and enables one to focus attention on the bigger and broader aspects of a state program for public health nursing.

Dean Russell made a statement last year which helped me to analyze my reasons for enjoying Teachers College. He said that all knowledge comes from three sources—from contact with *People,* with *Books,* or with *Things.*

People—where can one exchange ideas with people from as many different states and countries, who are engaged in as many different phases of educational work as one does at Teachers College? Nurses are a little prone to become self-centered and it is good for them to get the point of view of others engaged in educational work. There is also the contact with the leaders in our own field, at the College, at National Headquarters, and in the splendid health demonstrations in and near New York City.

Books—to be able to sit down in a library surrounded by every possible reference volume and then to have *time* to work out some actual problem which you know you are going to have to face when you return to your work, is what I call luxury. Teachers College instructors encourage the study of individual problems rather than the mass assignments still common in many colleges. The term papers which I prepared last year are a constant help to me in solving many of my present problems.

Things—such as museums, historic places, art galleries, interesting East Side shops, not to mention operas, concerts and plays.

Any educational experience which places undue emphasis on any one of these sources of knowledge is unbalanced. We need them all, People, Books, and Things,—and the student at Teachers College has an unusual opportunity to take advantage of all three.

PEARL MCIVER

Director, Public Health Nursing,
State Board of Health,
Jefferson City, Missouri

Making Billy Safe for Democracy

Outline of Communicable Disease Demonstration *

By Mrs. Clara B. Mann

Supervisor of Instruction, Public Health Nursing Association of Pittsburgh, Pa., Inc.

Mother, busy in room adjoining patient's, answers knock at door. Nurse enters.

Mother—Good morning, Miss Brown.

Nurse—Good morning, Mrs. Dugan. How is Billy today?

Mother—Billy seems so much better, thanks to you. After you left yesterday, he slept for several hours. I think it was the bath that helped him.

Nurse places bag on table with newspaper underneath. Removes coat, hat, and cuffs and rolls up sleeves.

Nurse—I'm glad he is better, but we'll have to give Dr. Cohen most of the credit for giving the antitoxin so promptly. So much depends upon giving it early—the first day is best. How are the other two children?

Mother—They seem perfectly well so far. Dr. Cohen gave them each a dose of antitoxin and said that it would give them a quick protection against the disease that would last only for two or three weeks. After that, he wants to do the Schick test on them to find out if they might catch diphtheria; if so they will both need the toxin-antitoxin treatment and then they will always be safe from diphtheria, even though they are exposed to it.

I wish now that I had had this done when the school nurse urged it, but my neighbor, Mrs. Glanigan, said they were just experimenting with it and some of the children died after taking it. I know better now.

Nurse—We'll get the things together that we shall need this morning and then I'd like to have you watch me give care again today. Have you been able to do as I showed you yesterday?

Mother—I certainly have tried to—I read the little pamphlet you left and that helped a lot. I've kept the other two children by themselves and away from the sick room; I've kept a paper bag pinned to the bed for the paper napkins that Billy uses when he coughs and then I burn bag and all; I've taken care of his dishes and linens and I'm careful to wash my hands thoroughly before leaving his room, and then again after I leave. I gave him care this morning, but I want you to see him anyway.

Nurse—That's fine. I'll be glad to take a look at him.

Collects supplies, etc.

I'll make up the two paper bags I need for my own use and I see you have a supply of good strong ones for your own and Billy's use. I'll need a newspaper and some of those small paper squares for the sick room. Have you the waste basket ready just outside Billy's door?

Mother—Yes, indeed, Miss Brown. I find it very convenient. Before you came in, I carried all that soiled stuff right through the house, without even thinking.

Nurse—What about the boiler of water for the soiled linen?

Mother—I have that just inside the sick room door. I put the soiled linen in it this morning but haven't had time, as yet, to put it on the stove to boil 20 minutes, as you said I should do.

After the supplies are assembled the nurse opens her bag, removes one paper napkin and two paper towels. Closes flap of bag and scrubs up. Then removes from bag two additional towels and two napkins for patient's room. Picks up things needed for care of patient. Supplies for patient are kept on table outside sick room.

Nurse—I'm going to have you wait here so that you can fill the pitchers for me. You know, after I once get in

* Given at the Pennsylvania State Nurses' Meeting, Altoona, Pa., September, 1928.

there, I can't leave until after I have completed care.

Mother—I have the hot water ready for you and I'm quite sure you will find everything else needed in the sick room.

Mother opens sick room door and nurse enters sick room carrying supplies to be used. Speaks to patient. Opens and places paper napkin on nurse's table just inside door and on it places her supplies, arranging them in the order in which she will remove them. One small paper bag is placed on nurse's table ready for use near the hand basin. Puts on apron taken from paper bag on table. Places paper napkin on patient's table and on it things needed for care of patient—tongue blades, applicators, etc. Takes pitchers to door of sick room.

Nurse—I'm ready for the water now and I find I have everything else I need so you may come in and watch me give care.

Mother enters sick room and puts on apron hanging just inside sick room door, exposed side out, being careful not to touch exposed side. Nurse empties water in basin and pours fresh supply.

Nurse—Have you the lysol in the waste bucket?

Mother—Yes, I have that ready.

Nurse arranges room for care. Places newspaper on chair at bedside of patient and on it the special basin for care of mouth and mouth wash, etc.

After room is completely arranged the nurse washes her hands thoroughly with soap and water. While hands are clean, pulse and respiration are taken, watch in pocket.

Loosens tops on jars and bottles. Protects bed linen with towel and cleans patient's mouth. Demonstrates disposal of cotton, etc., used, to paper bag at bedside.

Cautions mother against dangers of spray infection and the importance of having patient cover his mouth when coughing or sneezing. Paper napkins kept at bedside.

Mentions the importance of daily damp cleaning and dusting with special attention given to bed, bedside table, or anything within range of this spray infection. Articles used for cleaning should be left in the sick room until case is terminated.

Takes rectal temperature. Demonstrates thermometer technique, thermometer kept in case on tray at bedside.

Commends mother on good care given by her.

Empties and places mouth basin used upside down in pan, ready for boiling.

Helen V. Stevens dreams of technique

Unused mouth wash emptied into waste bucket.

Glass used put in pan of water for boiling, cup and saucer and spoon with some left-over liquid diet found in sick room.

Nurse—Do you remember how long I said you should boil the dishes?

Mother—I think you said five minutes after they begin to boil, did you not?

Nurse—That's right, Mrs. Dugan.

Nurse tidies up patient's room, disposes of newspaper used on chair, puts up fresh paper bag at bedside and rolls closely the bag filled with infectious material removed from patient's bed, asks mother to open door, and then drops it into the bag inside of waste basket, placed just outside patient's door.

Washes hands thoroughly, cleans nails. Leaves fresh water in basin. Unties, removes and folds apron and leaves in bag on table.

Mother washes her hands thoroughly, leaves fresh water in basin, dries hands on individual towel left on table for her. Unties and removes apron and hangs up back of door.

Nurse leaves room carrying waste bucket using paper squares to protect hands. Returns bucket to room and pours lysol into it. Gathers up paper napkins and paper bag used at set up and drops into paper bag outside patient's door.

Mother leaves sick room carrying pan of dishes, using paper squares, and places on stove to boil. Returns to help nurse carry out boiler and places on stove. Washes hands thoroughly and cleans nails.

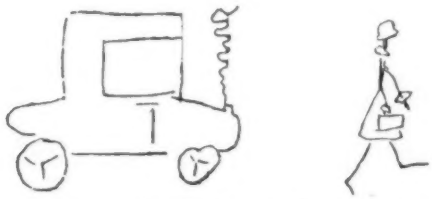
Nurse disposes of bag of infectious material left outside sickroom door, demon-

strates burning of this. Stresses the great importance of immediate disposal of this material. Washes hands thoroughly and cleans nails. Writes up records while hands are clean. Closes bag and writes up physician's notes. Leaves on table and calls mother's attention to fact. Disposes of set up in kitchen. Gives very definite instructions to mother covering points not demonstrated, as care of patient, medication, diet, etc. Complications to be watched for. Nothing to be taken from sick room until case is terminated. Care of sickroom—damp cleaning and dusting, special attention to door knobs, hand rails, and spigots. Ventilation without draft. Adjusts cuffs, coat and hat while talking with mother.

Mother—I wish I could tell you how grateful I am to you for your help. Yesterday you said that you charged for your services when people were able to pay for them. Here are two dollars for your visits of yesterday and today; I wish I could make it more. Since Billy is so much better and after watching you give care again today, I'm very sure now that I can give the care he needs, but I do want you to continue to stop in every day or so just to see how he is and that we are carrying out your instructions.

Nurse—I shall be very glad to stop in and see Billy occasionally; in the meantime if you should need me, do not hesitate to call. You have our phone number on the card I left you. Good bye, Mrs. Dugan.

Mother—Good bye, Miss Brown. Thank you.



Courtesy Tennessee Public Health Nurses News Letter

COMMUNICABLE DISEASE TECHNIQUE

Editor's Note: An acceptable, safe and speedy preliminary technique in the care of a case of communicable disease is difficult to plan and twice as difficult to follow. We are indebted to the Philadelphia Visiting Nurse Society for permission to print a routine technique, developed from arduous experience, which is published in the Nursing Manual of this association. We would be delighted to receive comments or suggestions.

On the first visit and before making any of the following preparations, the nurse should explain to the family why they are necessary. This will help to prevent them from becoming impatient at so much delay before actual care is given to the patient. Explain that the reasons for such extra precaution as to the use of newspapers, the separate articles, the hand washings, etc., are:

1. To protect the other members of the family.
2. To protect the nurse, and the other families she visits.

Gowns are worn in caring for scarlet fever, diphtheria, measles, typhoid, and erysipelas.

Caps (or bands) are worn in caring for scarlet fever, diphtheria, and measles, if desired by the nurse.

Entrance to Home

I. Have newspapers in hand. Fold so they can be spread in home with very little difficulty. If necessary to close door after you, use your foot.

II. Place newspaper on chair (back and seat) for coat and hat and bag. If there are children playing about, roll coat and place it out of reach. In case of quarantinable disease do not take coat and hat into patient's room if possible to avoid it.

III. If there is a bathroom in home open bag there. If not, open bag in kitchen. Spread newspaper for bag before laying it down.

IV. a. Spread newspaper on chair or table or slab over water tank in bathroom for soap, brush, paper towels, and two tissue squares.
b. Remove watch, keep clean.
c. Have mother bring large pitcher and hand basin. These to be well scrubbed inside and out. Fill

pitcher with water of proper temperature and have mother carry into room. (Her hands should be washed before doing this.)

d. Scrub hands as in routine (first washing) and turn off faucet with paper towel.

V. Take from bag or bundle the following articles to take into patient's room:
- A. Gown and cap. Put on in the patient's room, and remove before leaving room.
- B. Newspapers.
- C. Green soap for nurse's hands and thermometer.
- D. Applicators.
- E. Tongue depressors.
- F. Cotton.
- G. Bedside notes and pencil.
- H. Paper squares—if necessary.
- I. Thermometer.

Close bag and do not open again until ready to leave home.

VI. Request mother to get following articles:

Outside room:
- A. Table or chair (or box).
- B. Insist on clean towel, wash cloth, and gown daily, other linen as frequently as possible if unable to have daily. Have mother open door and close it. If it is necessary for the nurse to open the door, use a piece of newspaper or tissue paper square.

VII. In room:

Chair, box, or bureau, spread with clean newspapers. Place articles on it.
Chair or box for patient's basin.
Chair, table or box for basins for nurse's and mother's use.
Basin for patient's bath.
Soap and brush in dish for mother.
Dish for nurse's soap and brush.
Soap and dish for patient.
Vaseline or olive oil for thermometer.
Large pitcher for water (see No. IV, C)
Drinking tube (straws if possible).
Dishes and covered vessel for washing and boiling dishes. (Have mother boil dishes during visit.)
Covered glass or jar, salt and teaspoon for mouth wash.
Tub for soiled clothes.
Covered pail for waste water.
Bed pan.
Dust pan and brush to be kept in room if possible.
Bungalow apron and cap for mother.
Supply of newspapers—to be spread under articles on the floor—as bed pan, foot tub, etc.
Include for Typhoid:
- A. Enema bag.
- B. Ice cap.
- C. Lime—chloride or unslacked.
- D. Bath thermometer.
- E. Rubber sheet or newspaper to protect bed.

VIII.
- A. Spread clean newspapers.
- B. Pour water.
- C. Take pulse and respiration.
- D. Place cotton for thermometer.
- E. Take temperature (using usual thermometer technique).
- F. Wash hands and refill basin (second hand washing), and pour water for patient's bath.
- G. Record temperature.

IX.
- A. Arrange applicators and tongue depressors and prepare mouth wash.
- B. Cleanse mouth. (Move pail to side of bed if patient is able to sit up, and rinse mouth.) Otherwise, use kidney basin.
- C. Wash hands.

X.
- A. Give bath. (If necessary to change water, handle pitcher with tissue square.)
- B. Put clothes for wash into tub immediately.
- C. Clothes to be put back on bed can be placed on chair with newspapers under them, or if there is no chair, use foot of patient's bed.
- D. Empty basin.
- E. Make bed.
- F. Wash hands (third hand washing).
- G. Unfasten gown.

XI.
- A. Wash hands to elbow (fourth hand washing).
- B. Spread out clean newspaper, using double paper for gown.
- C. Remove cap, handling inside (clean side), and turn and place it in paper.
- D. Shake off gown. Fold clean side out. Neck and opening of sleeve on top. Fold fan shape, easy for next time.
- E. Put watch in pocket.
- F. Fold gown and cap securely in paper and leave in room.

XII.
- A. Write bedside notes. (Give specific instructions for each disease.)
- B. Place clean bag, and wrap soiled bag.
- C. Help mother take tub with clothes down stairs to be boiled, also take bundle of waste to burn. Have mother empty pail in bathroom.

XIII.
- A. Take thermometer to bathroom, open cotton, placing it on piece of newspaper, without touching thermometer.
- B. Wash hands (fifth hand washing). Handle green soap bottle, and faucet with paper squares.
- C. Rub the thermometer well under running water and finish hand washing.

D. Turn off faucet with paper towel.
E. Have mother burn paper bag.
F. Soap, brush, thermometer, are now put back into the bag.

XIV. If there is no underdrainage, disinfect contents of pail for hour with chloride of lime 5 per cent solution. If typhoid fever, discharges are *always* disinfected and special care must be taken of bed pan. Add to waste sufficient amount of chloride of lime to make a 5 per cent solution. Let stand for one hour. (1 pound to 2 gal. of waste makes 5 per cent solution.)

XV. Put on hat and coat. Fold papers, touching clean side only, and leave in kitchen.

If necessary to open the door yourself, have tissue square or piece of newspaper in hand, and fold after use, contaminated side in, and throw back inside the door.

XVI. Money taken from the home for fees should be washed with soap and water or put in an envelope and disinfected in the office.

Subsequent Visits

I. The nurse should take newspapers to be used as follows:
For coat and hat and bag.
For clean area in bathroom.
For clean area in patient's room.
For cap and gown.
For placing under bag in bathroom.
(Mother place over newspaper.)

II. Extra bottle of green soap—to be transferred to bottle in patient's room. (Mother can remove cork of bottle in room, so nurse need not touch it before taking temperature.)

III. Paper towels and squares. Extra tongue depressors, and applicators and cotton (if family is unable to provide these).

Note: The hand basin and pitcher should be brought into the bathroom and washed inside and out as on first visit.

CHILD LABOR—IN THE WORLD'S RICHEST COUNTRY

Child Labor Day, January, 1929, finds the American people still permitting much of the world's work to be carried on the immature shoulders of children—children deprived of opportunity for education and insufficiently protected as to health, hazardous employment, and hours of work. All this in spite of the fact that the United States is the richest country in the world, and in the face of the fact that there are millions of unemployed adults clamoring for jobs. Child Labor Day will be observed January 26th in synagogues, January 27th in churches, and January 28th in schools and clubs.

The following striking facts speak for themselves:

In 13 states children of fourteen may leave school for work regardless of their grade; in 15 states children under sixteen may go to work without presenting evidence of physical fitness; in 11 states children under sixteen may work in factories from 9 to 11 hours a day; in 31 states children may work on scaffolding, in 24 states around explosives, in 28 states on railroads, in 21 states they may run elevators, and in 15 states may oil and clean machinery in motion; in 27 states there is no state law regulating the employment of children in newspaper selling and other street trades.

This year the legislatures of 43 states and the Congress of the United States meet and so opportunity knocks loud and long, giving to the people in these states another chance to bring their child labor laws up to standard.

A good child labor law:

Prohibits as a minimum all gainful employment of children under fourteen, and the work of any child under sixteen, at any work physically or morally hazardous; between 7 P.M. and 6 A.M.; for more than 8 hours a day, 6 days and 48 hours a week; during school hours, unless the child has completed the eighth grade or its equivalent; and without a work permit issued upon the following conditions: (a) promise of employment, (b) proof of age, (c) school record showing educational attainment has been met, and (d) a physician's certificate of physical fitness.

The National Child Labor Committee, 215 Fourth Avenue, New York City, will send free of charge to any interested individual or group an analysis of the law of their state together with leaflets, posters, and other material to be used in the observance of Child Labor Day.

BOARD AND COMMITTEE MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER
Vice-President, Instructive Visiting Nurse Society, Washington, D. C.

An Educational Program for Board Members*

BY GERTRUDE L. PEABODY
Boston, Mass.

WHAT is the desired goal which this rather formidable title suggests? And how shall it be attained? Nursing associations are not educational institutions or literary clubs, advocating culture for its own sake. They are business corporations, administering a public utility. The education of those responsible for it should therefore be thoroughly practical in character, and should directly affect the work they are administering; exactly as a board of directors of a railroad or of an electric light company, or any corporation which provides an essential in the life of the community, should be familiar at least with the principal aspects of the work they are administering. Fortunately for boards of visiting nursing associations, we have a very precious inheritance from the pioneer associations started thirty or forty years ago. Those early associations were started by laywomen, and the work of the nurses was supervised, as well as administered by the board. The nurses employed were trained to nurse the sick; but had no more experience than their boards in adapting this knowledge to meet the needs of the community. Every step of the way was worked out jointly by nurse and board members; and very remarkable it is that many of the policies arrived at under those difficult conditions are accepted today as the underlying principles of public health nursing. Those board members of the early days got their education from that best of schools, Necessity, and they have handed down to us an example of devotion and public service which we are striving to follow.

Today conditions are completely changed; for there exists a large group of nurses specially trained and educated for public health work. The pioneer days when public-spirited citizens took the initiative have passed. Public health nursing either is already established in a community, or is being promoted by a state or county nurse who will enlist the aid of leading citizens. Policies are to a large extent standardized, and expert professional advice may be easily obtained. With a well trained nurse to do the work or to direct the staff of nurses, what responsibilities have board members, and how can they prepare themselves to fulfil them?

Fundamental Responsibilities of the Board

I have selected as suggestions three fundamental contributions which must be made by the board to this joint service:

The board is the permanent representative body. The nurses come and go, identifying themselves in varying degrees with the community; while the board is selected from permanent residents, and is the guaranty to the community and nurses of the continuance and growth of the service. This responsibility involves a sufficiently detailed knowledge of the work of the association by each board member to enable her to take a part in deciding

* An address given before the Institute for Board Members held October 23, 1928, at the meeting of the Federation of Visiting Nurse Associations of Northern New Jersey, in Elizabeth, N. J.

the policies of the association. If for instance a board has the services of a nurse or superintendent of nurses who is very capable and full of initiative, it faces the temptation of becoming a perfunctory group, allowing all initiative to come from her, and voting blindly on her recommendations. But this situation does not last forever. Two things may happen: the nurse's enthusiasm and independence may well develop a program which the complacent board is not ready to back by the effort necessary to raise the money. In other words, they have had no really creative part in the development of their work, and their hearts are not moved to work for the money to carry it out. Or, the nurse may leave and the board be confronted with its most serious responsibility of securing her successor. If the board members are not an integral part of the enterprise, how can they know what to expect from the new nurse; or having secured her, whether she is carrying on the quality of work already established?

The relationship of the association to the community and to other agencies in the community. The nurse may be a stranger, and may need to have the inter-relationship and personnel of other associations interpreted to her. The problems of coöperation and adjustment in a community are often difficult and trying, and may be more easily solved by board members than by professional workers. In such problems the nurse needs at least to be fortified by the wisest thought, and sometimes even the courageous action of the board.

Knowledge of public health nursing in its broader meaning and its modern development. The board stands before the community as a group of experts. It must be able to answer the question, Are you offering your community an adequate, up-to-date public health program? If not, why not? Are the children of your community being given the best health supervision that modern science has decreed practicable? If your reason for not having done so is lack of money, is that lack due to the refusal of the community to meet your demands, or to your neglect to interpret to the community the meaning and value of developments in public health nursing?

Many boards may be employing a conscientious, well trained, nurse, but without vision or imagination. It is precisely those qualities which can be supplied by the board, and together they can develop a program to the best advantage of the community.

Opportunities for Self Education

If in these suggestions lies a greater usefulness for board members, how is such knowledge to be most readily acquired? The opportunities differ with every association, definite rules cannot be laid down, and I must speak in generalities.

The small association, employing one or two nurses, offers greater opportunity for personal service, and therefore for intimate knowledge. In many such associations board members are responsible for supplies, for keeping the details of accounting, and even for writing up the records of the nurse. They may advise the nurse on the social aspect and material aid for her cases, and are in every sense a working group.

In a large association, on the other hand, the work has become highly organized, and the office force is adequate and better equipped to deal with it, so that the board members become frankly an advisory group.

The board of the smaller association tends to become engrossed in the details, seeing nothing beyond the problems of cost per mile for the upkeep of the motor, or hours for duty of the nurse; whereas the board of the larger association is so removed from the details, and from any practical contact with the work, that it tends to feel itself superfluous. Both the small and the large association offer, however, plenty of opportunity to gain that knowledge which makes their board members useful and enthusiastic workers, but without which the work becomes dull routine.

An intimate knowledge of the inner workings of the association is then the first essential for intelligent service of board members. This can of course most easily be acquired by serving on the various committees,—in particular the nursing committee or any subcommittee which is concerned with the details of the work of the nurses and by attending at least an occasional meeting of the staff or conference with the nurse. In other words, first of all, get such information as is possible from the nurses with whom you are working. What stands out in my own mind as the best education given me is the few half days I have spent with nurses in the field. No amount of reading or talking or studying could have shown me what the nursing service means to the community as did the actual glimpse of the nurse in the homes and the welcome given her by her patients.

The publicity committee offers valuable experience to a board member, for before she is able to convince others of the value of the work, she must be convinced herself. As every board member is responsible for securing the funds of the association, so she should understand the accounting and expenditure of the funds.

Should board members rotate on committees, so that they may gain this variety of experience? The policy in our association is to have the nursing committee fairly large, and each new woman member is appointed to it. Here the details of the work of the nurses are discussed, and policies are formed, and gradually the work becomes understood. Some rotation of committees must certainly follow. But, mercifully, some people are made for some positions, and when those fortunate connections are made, it seems to be flying in the face of Providence to change them. An ideal chairman for a nursing committee is not found in every one. A flair for publicity is a gift to be utilized. A love of statistics and graphs is a quality not to be wasted. Enough rotation on committees to give each board member an all-round understanding is desirable, but also a careful study of the gifts and characteristics of the board member, so that she may make her definite and best contribution to the work.

A knowledge of the community is the second requirement we have emphasized for board members. How this is brought about depends again upon local conditions.

In Boston we have a council of social agencies, though not a chest, with a department of health made up of all hospitals and agencies concerned with health problems, with representatives from the boards, as well as the professionals. We have interlocking board members with some agencies with which the work is closely allied. The opportunities for the care of the sick, whether in hospitals or homes; the clinics, and the agencies which give relief; in fact, all agencies which work with the nurses and benefit the nurses are of interest to board members.

Whereas in a large city the complex machinery of coöperation and affiliation of agencies demand frequent conferences between board members and professional workers of various boards, in a small town the problem concerning the board of a nursing association is often how to get the work done which does not properly belong to the nurse. What should be the relationship with local boards of health and with local physicians, how clinics should be established, how to arrange relief for poor families, are problems which tax the wisdom and patience of the board in a small town, and require intimate knowledge of the community.

The larger aspects and newer developments is the third field of knowledge with which board members should be familiar in this modern science of public health. The only way to judge the value of our own association is to compare it with that of others, preferably with some a little larger, and offering more advantages. This involves reading and study. We must know the history and background of our new science. We must keep abreast with the newest developments, and talk the language of public health. Magazines offer a wealth of material;

THE PUBLIC HEALTH NURSE should be read by every board member, as well as by every nurse. With this in mind, the magazine is conducting a forum for board members, where questions primarily concerned with administrative problems are being asked and answered. There is evidence that boards want help in securing the knowledge which they recognize should be theirs if they are to do their work as they want to do it. The New Haven Institute held in the spring of 1927 was the first great expression of this need, and how to meet it.* . . . .

Education Committees

Many associations at the N.O.P.H.N. Biennial Convention in Louisville, Ky., reported the appointment of educational committees which prepare a list of subjects, and ask members of the board to make a ten-minute report upon each at the beginning of the monthly meeting. For example:

The educational committee of the Visiting Nurse Association, Brockton, Massachusetts, has planned a year's program.** The first subject was a review of Miss Gardner's book, the textbook of public health nursing. This was to be followed by a report on each phase of their own work—not only of what was being done in their own association, but of what they might hope to accomplish. Maternity work, preschool work, child welfare, and tuberculosis nursing, and nutrition work, were in turn to be reviewed for the benefit of the board members.

The St. Louis educational committee reported that they had invited outsiders to address the board on allied subjects, and had introduced the custom of presenting their new work by charts and graphs at board meetings. Some associations were stretching the duties of education to include the education of the staff, and were active in securing scholarships and a library for the nurses.

To such subjects for study might be added the more comprehensive subject of the present status of nursing. The questions of supply and demand of nurses, the present condition of training schools, and of the cost of nursing, are subjects which concern everyone; but to those closely connected with nurses offer intensely interesting material. An intelligent interest in public health nursing must lead us into the still larger problems of the nursing profession as a whole. The findings of the Committee on the Grading of Nursing Schools, published in a first volume, are well worth thoughtful reading.***

Personal Contact

In addition to these suggestions for education through committees and study and reports, is the other, and perhaps most effective, method of learning through *personal contact*. To attend conferences and conventions; to meet others doing the same work a little better, solving the same problems a little more wisely, bringing to their work a little broader vision of service, sends one home with concrete suggestions for improving one's own work, and with renewed enthusiasm and confidence in the usefulness of board members.

In Massachusetts board members of all nursing associations have been meeting together for twelve years. In the autumn one large meeting is held in Boston at which one or two important subjects are presented by experts, and time is allowed for discussion. In the spring county meetings are held, and at these smaller meetings intimate talk is possible, and there is much interchange of plans and experiences. The result of this simple exchange of suggestions and examples is really remarkable. A total change in point of view and method of work has been brought about in many associations.

A section for board members of the National Organization for Public Health Nursing was organized in Louisville to promote interest in conferences on board problems. So valuable to the association is the attendance of board members at meetings, that the section went on record as in favor of the payment by the associa-

* See THE PUBLIC HEALTH NURSE, June, 1927.

** For work of other educational committees see THE PUBLIC HEALTH NURSE, July, 1928, p. 359, October, 1928, p. 551.

*** "Nurses, Patients and Pocketbooks." First report of the Grading Committee. This volume may be obtained from the Committee, 370 Seventh Avenue, New York City, for $2.00.

tions of expenses for board members to conventions.

The Meaning of It All

What does this serious study on the part of volunteer board members indicate? One has never heard of boards of trustees of hospitals or of relief-giving agencies studying their work as administrators! The public health movement is one of the great movements of the day, and the boards composed of intelligent citizens are essential to its success. Nurses are taking special post-graduate courses to fit them for their work. The part of board members in this highly professionalized movement demands all the devotion and study that can reasonably be expected from a carefully selected but busy group of citizens.

Have I given the impression that to be a board member means an exacting, full-time piece of work, from which one would be tempted to shy away? This would, of course, be an exaggerated statement, for in the nature of the case board members have many other duties, and for the most part must be contented to give of their surplus time. What I have tried to urge is that they undertake the task of being a board member of a local nursing association in the spirit of having a small part in a great national movement; that they see beyond the routine of reports and committee meetings, the vision of a larger opportunity for service to their own community; and that they realize that every step which brings nursing and health teaching within the reach of all, is a contribution to the goal toward which public health is striving.

The York Visiting Nurse Association is planning to hold an all day institute for board members on January 31, 1929. At the request of board members of several other public health nursing associations, the institute will be state-wide. It will be conducted by Dr. and Mrs. C.-E. A. Winslow of New Haven, Connecticut. Dr. and Mrs. Winslow and Miss Katharine Tucker will be the speakers. For further particulars write to Miss Anna M. L. Huber, President, Visiting Nurse Association, 218 East Market Street, York, Pa.

The loan fund of one hundred dollars collected by the New Haven Board Members Institute is available to organizations planning Board Members' Institutes. The fund may be drawn upon at need and is returnable to the National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

THE RED BOOK

The Board of the Albany Guild for Public Health Nursing purchased six copies of *Nurses, Patients and Pocketbooks* for use among the nurses and lay people, particularly the members of the Board. Four other copies have been purchased individually. The book has been made required reading for the staff. About one-third of the Board members have also read the book, taking a keen interest in the questions it presents. At the Medical Advisory meeting recently the book was given to the city health officer—others wished an opportunity to read it as soon as possible. One copy was given to the president of the Medical College, who is being asked to pass it about among other members of his board.

A LIST OF NURSES HOLDING EXECUTIVE POSITIONS IN STATES

This list has been checked in every way possible in our own office and with the help of the American Red Cross, the National Tuberculosis Association and State Departments of Health. Corrections or additions will be welcomed by the National Organization for Public Health Nursing. The last complete list was published in January, 1928.

State	Presidents of State Organizations for Public Health Nursing	Chairmen of Sections on Public Health Nursing of State Graduate Nurses Associations	State Departments of Health	American Red Cross Nursing Field Representatives	State Tuberculosis Association Field Nurses
Alabama			Jessie L. Marriner, Director, Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Montgomery	Helen Dunn, Lexington, Ky.	
Arizona		Minnie C. Benson, 74 W. Pennington Ave., Tucson			
Arkansas	Eva Mae Connor, 4005 W. 13th St., Little Rock		Mary Emma Smith, Acting Supervisor of Nursing, Bureau of Child Hygiene, State Board of Health, Little Rock	Etta Lee Gowdy, 1709 Washington Ave., St. Louis, Mo.	
California	Alice C. Bagley, 600 Stockton St., San Francisco		Mary Elizabeth Davis, Supervising Nurse, Bureau of Child Hygiene, State Board of Health, 336 State Building, San Francisco		Mrs. Olive Rochester, California Tuberculosis Assn., 901 Griffith-McKenzie Bldg, Fresno
Colorado		Olive Chapman, Child Welfare and Public Health Assn., Pueblo		Elizabeth Reynolds, 1709 Washington Ave., St. Louis, Mo.	Mary D. Forbes, The Colorado Tuberculosis Assn., 305 Barth Block, Denver
Connecticut		M. Elizabeth Smith, P.O. Box 265, Wallingford	Sarah R. Addison, Director, Bureau of Public Health Nursing, State Dept. of Health, Hartford	Sarah R. Addison, State Department of Health, Hartford	
Delaware		Mabel Nodwell, 228 French St., Wilmington		Cecilia Houston, Stockton, Md.	

District of Columbia		Dorothy Rood, Instructive Visiting Nurse Society, S. E. Center, 1105 Penn. Ave., S.E., Washington, D. C.	Edith B. Aldridge, Supervisory Nurse, Child Hygiene and Welfare Service, Health Department, Washington		
Florida		Mrs. Nancy M. Lawlor, City Hall, West Palm Beach	Mrs. Laurie Jean Reid, Director, Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Jacksonville	Ruth Mettinger, 2805 Oak St., Jacksonville	
Georgia	Emma E. Habenicht, 404 Atlanta Nat'l Bank Building, Atlanta			Ruth Mettinger, 2805 Oak St., Jacksonville	
Idaho			Mrs. S. J. Ewen, Associate Director, Bureau of Child Hygiene, State Board of Health, Boise		Mrs. Frances M. Wann, Director, Nursing Activities, Idaho Tuberculosis Ass'n, 320 Boise City National Bank Bldg., Boise
Illinois		Hattie Hurst, 302 N. Ottawa St., Joliet	Leone W. Ware, Chief Supervising Nurse, Div. of Child Hygiene and Public Health Nursing, State Dept. of Health, Springfield	Sena Anderson (North) Pearl Laptad (South) 1709 Washington Ave., St. Louis, Mo.	Mrs. Virginia Rader, Illinois Tuberculosis and Public Health Ass'n, 516½ East Monroe St., Springfield
Indiana		Margaret Reid, 1820 Pennsylvania St., Indianapolis	Eva MacDougall, Director Public Health Nursing, State Board of Health, State House Annex, Indianapolis	Margaret Reid, 1820 N. Pennsylvania St., Indianapolis	
Iowa		Mary Ella Chayer, City Hall, Des Moines	Edith S. Countryman, Director, Public Health Nursing, State Department of Health, Des Moines	Thora Ingebritson, 1709 Washington Ave., St. Louis, Mo.	Edith S. Countryman, Director, Nursing Service, Iowa Tuberculosis Ass'n, 518 Frankel Bldg., Des Moines
Kansas		Anna Lee Washbon, Wichita Public Health Nursing Association, City Hall, Wichita	Jessie B. Pearce, E. Fredericka Beal, Division of Child Hygiene, State Dept. of Health, Topeka	Linnie Beauchamp, 1709 Washington Ave., St. Louis, Mo.	E. Amelia Johnson, Kansas State Tuberculosis Ass'n, 210 Crawford Bldg., Topeka
Kentucky	Flora Gates, 31 17th Street, Newport		Margaret L. East, Director Bureau of Public Health Nursing, State Board of Health, Louisville	Helen Dunn, Lexington	Margaret L. East, Kentucky Tuberculosis Ass'n, 532 West Main St., Louisville
Louisiana		Maude Reid, 504 Ford St., Lake Charles		Helen Dunn, Lexington, Ky.	

State	Presidents of State Organizations for Public Health Nursing	Chairmen of Sections on Public Health Nursing of State Graduate Nurses Associations	State Departments of Health	American Red Cross Nursing Field Representatives	American Red Cross Nursing Field Representatives
Maine		Edith L. Soule, State Dept. of Health, Augusta	Edith L. Soule, Director Div. of Public Health Nursing and Child Hygiene, State Department of Health, Augusta	Laura Knowlton, 19 Pleasant St., Augusta	Mrs. Theresa Anderson, Maine Public Health Ass'n, 256 Water Street, Augusta
Maryland	Mrs. Ethel Monroe Troy, State Dept. of Health, Baltimore		Mrs. Ethel M. Troy, Public Health Nurse in Executive Office, State Department of Health, 16 W. Saratoga Street, Baltimore	Helen M. Erskine, 613 Philadelphia Ave., Chambersburg, Pa.	Mattie M. Smith, Maryland Tuberculosis Ass'n, 900 St. Paul St., Baltimore
Massachusetts		Mrs. Mary McGee, 196 Main Street, Brockton	Supervisors Mary E. Ayer, Northampton Mrs. Helen M. Hackett, Fitchburg Anna K. Donovan, Boston M. Gertrude Martin, Boston	Mildred Whiting, 75 Loomis Street, Burlington, Vermont	
Michigan		Mrs. Helen de Spelder Moore, State Department of Health, Lansing	Mrs. Helen de Spelder Moore, Ass't Director, Bureau of Child Hygiene and Public Health Nursing, Department of Health, Lansing	Norma Eskill (North), Sena Anderson (South), 1709 Washington Ave., St. Louis, Mo.	Mrs. Helen Langenberg, Helen Altvater, Beatrice Ferriby, Michigan Tuberculosis Ass'n, 535 S. Capitol Avenue, Lansing
Minnesota	Eula Butzerin, 101 Millard Hall, University of Minnesota, Minneapolis		Olivia Peterson, Superintendent of Public Health Nursing, Div. of Child Hygiene, Minn. Dept. of Health, University Campus, Minneapolis	Norma Eskill, 1709 Washington Ave., St. Louis, Mo.	Edith Ross, Minnesota Public Health Association, 11 W. Summit Avenue, St. Paul
Mississippi			Mary D. Osborne, Supervisor, Public Health Nursing and Maternal and Infant Hygiene, Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Jackson	Helen Dunn, Lexington, Ky.	
Missouri		Nannie J. Lackland, Supt., Visiting Nurse Ass'n, Community Hall, St. Joseph	Pearl McIver, Director, Public Health Nursing, Division of Child Hygiene, State Board of Health, Jefferson City	Pearl Laptad, 1709 Washington Ave., St. Louis	Martha Sander, Missouri Tuberculosis Ass'n, 2221 Locust St., St. Louis
Montana				Bessie Nicoll, 1709 Washington Ave., St. Louis, Mo.	

Nebraska		Kate Lincoln, 330 N. 34th St., Lincoln	Louise M. Murphy, Director, Child Hygiene Division, State Board of Health, Lincoln	Elizabeth Reynolds, 1709 Washington Ave., St. Louis, Mo.	Mrs. M. W. Ainsworth, Nebraska Tuberculosis Ass'n, 400 Paxton Block, 16th and Farnum Streets, Omaha
Nevada					
New Hampshire		Mrs. Mary Davis, State Board of Health, Concord	Mrs. Mary D. Davis, Supervising Nurse and Director, Div. of Maternity, Infancy and Child Hygiene, State Board of Health, Concord	Myrtle Flanders, Concord	
New Jersey	Anna Ewing, 292 Broad Street, Newark		Grace P. Remshard, Assistant in charge of Midwifery, Bureau of Child Hygiene, State Dept. of Health, Trenton Alice F. Boyer, Assistant in charge of Administration and Nurses, Bureau of Child Hygiene, State Dept. of Health, Trenton Mary R. Sullivan, Assistant in charge of Boarding Homes, State Dept. of Health, Trenton	Mrs. Belle Wagner, 94 Grove St., New York, N. Y.	Dorathea L. M. Rusch, Industrial Nurse; Emily K. Lydon, Parochial Schools; New Jersey Tuberculosis League, 21 Walnut St., Newark
New Mexico	Mrs. Edith Hardy, Carlsbad		Edith Hodgson, Chief, Div. of Child Hygiene and Public Health Nursing, Bureau of Public Health, Santa Fe	Elizabeth Reynolds, 1709 Washington Ave., St. Louis, Mo.	Mrs. Mildred Alison, New Mexico Tuberculosis Ass'n, P. O. Box 680, Albuquerque
New York	Agnes J. Martin, Dept. of Health, 419 City Hall, Syracuse		Mathilde S. Kuhlman, Director, Div. of Public Health Nursing, State Department of Health, Albany	Mrs. Charlotte Heilman, Prince George Hotel, New York City	Frances H. Meyer, In charge of Nursing Field Work, State Charities Aid Ass'n, 105 East 22nd St., New York City
North Carolina		Juanita Ross, City Health Dept., Durham		Katherine Myers, Hotel Charlotte, Charlotte	
North Dakota				Bessie Nicoll, 1709 Washington Ave., St. Louis, Mo.	Edna Gaither, North Dakota Tuberculosis Ass'n, 27–29 First Guaranty Bank Bldg., Bismarck

State	Presidents of State Organizations for Public Health Nursing	Chairmen of Sections on Public Health Nursing of State Graduate Nurses Associations	State Departments of Health	American Red Cross Nursing Field Representatives	State Tuberculosis Association Field Nurses
Ohio		Gertrude Bush, Toledo Visiting Nurse Ass'n, 1903 Monroe St., Toledo	Mrs. Zoe McCaleb, Director, Div. of Public Health Nursing, State Department of Health, Columbus	Julia Groscop, c/o Mrs. B. Wycoff, 1117 E. Broad St., Columbus	
Oklahoma	Luis G. Todd, Pawhuska			Etta Lee Gowdy, 1709 Washington Ave., St. Louis, Mo.	Bess Killough, Oklahoma Public Health Ass'n, 22 W. 6th St., Oklahoma City
Oregon	Mary P. Billmeyer, State Board of Health, Portland		Mrs. Glendora Blakely, State Advisory Nurse, Bureau of Public Health Nursing, State Board of Health, Portland	Nina Little, c/o American Red Cross, Civic Auditorium, San Francsico, Cal.	Margaret Gillis, Demonstration Nurse, Oregon Tuberculosis Ass'n, 310 Fitzpatrick Block, Portland
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Rhode Island	Helen Falvey, 118 N. Main St., Providence			Mildred Whiting, 75 Loomis St., Burlington, Vt.	
South Carolina		Ellie C. Nelson, 41 Church Street, Charleston	Ada Taylor Graham, Director, Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Palmetto Bldg., Columbia	Katherine Myers, Hotel Charlotte, Charlotte, N. C.	
South Dakota		Luella Stickney, Faulkton	Florence E. Walker, Director, Public Health Nursing Div. of Child Hygiene, Waubay	Bessie Nicoll, 1709 Washington Ave., St. Louis, Mo.	
Tennessee		Malvinia G. Nisbet, State Health Dept., Nashville	Malvinia G. Nisbet, Supervisor, Div. of Public Health Nursing, State Dept. of Health, Nashville	Helen Dunn, Lexington, Ky.	
Texas	Mary Kennedy, 518 Keystone Bldg., Houston		Katherine Hagquist, State Supervisor of Nurses, Bureau of Maternity and Child Hygiene, State Board of Health, Austin	Mrs. Myra Cloudman, 1709 Washington Ave., St. Louis, Mo.	Jean M. Campbell, Mary Worster, Texas Public Health Ass'n, 616 Littlefield Bldg., Austin

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Supplementary List on following pages

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ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

STUDENTS REGISTERED IN ACCREDITED COURSES

It is the practice of the N.O.P.H.N. to gather information yearly about the number of students registered in the accredited courses of public health nursing.

The courses in public health nursing given by the 11 institutions listed in the following table have all been graded by the N.O.P.H.N. as meeting certain minimum requirements in regard to technical and practical instruction. All of these courses include in addition to theory, periods of practical work under supervision.

If a student is eligible for matriculation, credit obtained in these courses is usually granted by the university toward a Bachelor's or Master's degree. Teachers College in addition to granting the certificates and B.Sc. degrees listed in the table, has granted the degree of M.A. to 9 students.

NUMBER OF STUDENTS REGISTERED IN ACCREDITED COURSES OF PUBLIC HEALTH NURSING AND NUMBER OF CERTIFICATES AND DEGREES GIVEN, ACADEMIC YEAR 1927-1928 AND SUMMER SESSION, 1928

State	Institution		Total registration	Graduate nurses registered	Undergraduate nurses registered	On full time schedule	On part time schedule	Cert. and Degrees given	
								Cert.	B.Sc.
	Aggregate registration		1260	1119	141	854	406	139	67
Calif.	Univ. of California Dept. of Hygiene Berkeley	Year 1927–1928 Summer Session	28 38	26 38	2 —	26 38	2 —	27	6
Mass.	Simmons College School of P. H. Nursing Boston	Year 1927–1928	123	75	48	123	—	10	11
Mich.	Univ. of Michigan Dept. of P. H. Nursing Ann Arbor	Year 1927–1928 Summer Session	65 160	65 160	— —	11 40	54 120	2	3
Minn.	Univ. of Minnesota Dept. of P. H. Nursing Minneapolis	Year 1927–1928 Summer Session	44 82	43 80	1 2	42 54	2 28	22	7
N. Y.	Columbia University Teachers College Dept. of Nursing Education New York City	Year 1927–1928 Summer Session	211 166	191 153	20 13	52 166	149 —	6	29*
Ohio	Western Reserve University Sch. of Applied Social Sc. Cleveland	Year 1927–1928 Summer Session	36 44	34 44	2 —	36 10	— 34	16	—
Ore.	Univ. of Oregon Sch. of Social Work Portland	Year 1927–1928	10	10	—	6	4	8	—
Penn.	Pa. School of Social and Health Work Dept. of P. H. Nursing Philadelphia	Year 1927–1928 Summer Session	18 17	18 17	— —	16 16	2 1	5	—
Tenn.	Vanderbilt University George Peabody College Dept. of Nursing Education Nashville	Year 1927–1928 Summer Session	24 64	24 64	— —	23 64	1 —	5	1
Va.	Richmond School of Social Work Richmond	Year 1927–1928	22	14	8	22	—	—	—
Wash.	Univ. of Washington Dept. of Nursing Seattle	Year 1927–1928 Summer Session	74 34	29 34	45 —	65 34	9 —	38	10

* Seventeen Teachers College diplomas in public health nursing given in connection with degrees.

SURVEY OF NURSES IN COMMERCE AND INDUSTRY

The survey of nurses in commerce and industry is undertaken to find out what services nurses are asked to give in looking after the welfare of employees, in order to assist them in securing the best training for the job. Questionnaires have been sent to more than 2,000 industrial concerns throughout the country. They have not been sent to the nurses. A copy of the questionnaire follows:

NURSES IN COMMERCE AND INDUSTRY

1. Name of firm.....
2. Address .....
3. Nature of business..... 4. Product manufactured.....
5. Total number of employees..... Male..... Female.....
6. Nurses in plant:
   (Include nurses employed in emergency hospital in plant, but do not include nurses employed in company hospitals outside plant or nurses employed from agencies for home visiting of employees only.)

	Number Employed for Part Time		Number Employed for Full Time		No. of Registered Nurses		No. of Practical Nurses	
	M	F	M	F	M	F	M	F
a. Employed directly by firm								
b. Employed from Visiting Nurse Ass'ns								

7. Give number of nurses doing:

	Inside work	Visiting nursing
Male—		
Female—		

8. Number of doctors employed: Full time..... Part time..... On call.....
9. To whom is nurse professionally responsible.....
10. Daily working hours of the nurse: Monday through Friday..... Saturday.....
11. Does nurse have written standing orders from doctor.....
12. Please check the following services which are given by your nurse:

A. Services in the establishment:
   a. Emergency treatment
      (1) Injuries..... (2) Sickness.....
   b. Subsequent treatments .....
   c. Assisting the doctor in physical examinations.....
   d. Assisting the dentist.....
   e. Nurse's examination of new employees....
   f. Sanitary inspection of plant.....
   g. Health instruction to employees.....
   h. Participation in Safety Program.....

B. Services in the home:
   a. Routine visiting of (1) All absentees..... (2) Only absentees known or suspected to be sick.....
   b. Nursing care to employees only.....
   c. Nursing care to members of employees' families.....
   d. Health instruction to employees' families .....

C. Other services:
   (If given by nurse please state nature of work done)
   a. Employment.....
   b. Cafeteria or lunchroom .....
   c. Employees benefit funds.....
   d. Workmen's compensation .....
   e. Giving of material relief to employees.....
   f. Social welfare work through community agencies.....
   g. Recreation of employees .....
   h. Clerical.....
   i. Please list any other services given.....
.....

13. Signed..... 14. Position.....
15. Date.....

STAFF EDUCATION REPORT READY

The full copy of the Preliminary Report on the Study of Staff Education compiled for the N.O.P.H.N. Education Committee by Ellen Buell, is now available in mimeographed form for 25 cents. Attached to this paper is a reprint of the article, "Shifts in Emphasis," which appeared in the August number of the magazine. This contains the recommendations made by the Education Committee on Miss Buell's paper and on the report compiled by Gladys Adams on experience offered undergraduate students by public health nursing organizations.

A NEW HANDBOOK

The Bureau for Registration of Social Statistics which is being developed under the auspices of a joint committee of the Association of Community Chests and Councils and the Local Community Research Committee of the University of Chicago found that if agencies doing social and health work are to keep comparable statistics, there is need for a handbook on gathering statistics of particular agencies. Accordingly three national organizations, the American Association for Organizing Family Social Work, the American Association of Hospital Social Workers, and the N.O.P.H.N., were asked to coöperate in drawing up a handbook on records for the use of their member agencies.

The aim of the Bureau for Registration of Social Statistics is the establishment of a permanent centralized recording and reporting system for community chest cities to record the work carried on by all the agencies in a community engaged in social or health work. The information can then be used in planning the work of any community in the light of the needs of that community, and in comparing the work of one community with that of another.

It is hoped that through this bureau it may be possible to establish for the whole United States a bureau for registration of social statistics similar to that for the registration of vital statistics of the federal government, and so enable us to work out curves of measurement in fields of social service. It is realized that this undertaking is one of long range and will not produce immediate results as there is need for much experimentation and standardization before any statistics of real value can be collected.

The N.O.P.H.N., through its Committee on Records, has done something towards a standardizing of public health nursing records in its own record forms and "Current Reports for Public Health Nursing." These recommendations will be the basis for the handbook which is being drawn up with the coöperation of the N.O.P.H.N. One meeting has been held of the special committee, which is called the Joint Committee on the Publication of a Handbook in the Field of Public Health Nursing.

CALL ON THE N.O.P.H.N.

Why not write to the N.O.P.H.N. the next time you want information on delivery service and hourly nursing service, instead of writing directly to organizations to find out how these services are carried on? The N.O.P.H.N. has just collected from 20 organizations statements as to how each carries on delivery service or hourly nursing service. A folder with all of the 20 statements may be had as a loan by writing *one* letter to the N.O.P.H.N. The folders will be ready for loan by January 15, 1929.

A study was made during December of the Public Health Nursing Association of Columbus, Georgia, at the request of that association by Beatrice Short, assistant director.

Elizabeth G. Fox and Lucretia H. Royer, N.O.P.H.N. business manager, represented the organization at a conference at which national organizations were asked to present their programs of activities to the newly organized Community Chest of Washington, D. C., on December 20th.

Will all members who responded to the request "Wanted a Name" accept our thanks for their loyalty to the N.O.P.H.N.? So many responses have come that it is impossible to thank each one individually.

REVIEWS AND BOOK NOTES

Edited by DOROTHY DEMING

THE PROBLEM OF INDIAN ADMINISTRATION

By Lewis Meriam and Associates

Institute for Government Research, Washington, D. C. The Johns Hopkins Press. 1928. $5.00.

The Problem of Indian Administration is a report of the Institute of Government Research which has been published during the current year from The Johns Hopkins Press. The funds for this study were secured from private sources but the study was requested by the Secretary of the Interior. There were some unfortunate limitations as to the amount of time which could be devoted to actual field experience by the staff members so that the composite picture is secured from impressions and information secured by visits of two or three days to many stations. The other limitation which somewhat distorts the picture is that the report deals with as little historical data as possible. It purports to present only what now exists and compares this with practicable ideal standards of educational, health, legal, industrial, religious and social welfare organization toward which we are all striving. The inference is that any Federal activity should be administered according to standards well above the average and judged by a practicable ideal.

The report finds throughout the 845 pages that the main and recurring cause for the untoward conditions which are found in every activity examined is and has been insufficient funds, and recommends increased appropriations. If one is moderately interested in the native American and what is being done for him and to him it would be quite illuminating to read the first 100 pages including especially the letter of transmittal of the report. In this space is found the summary of the findings contained in the body of the report. Probably few will care to read the entire report though it undoubtedly gives the clearest idea of what responsibilities the federal government has taken in regard to the Indian population which may be found within the reasonable compass of a single book. By some minds it will be considered an indictment of the Indian Service, by others an indictment of the control of Congress, others will find therein an illustration of the difficulties of governmental activities without attaching either praise or blame. Probably everyone will agree that if the criteria of the survey staff are accepted a large appropriation must be expected and secured.

To those particularly interested in the health phases of the report, the chapter on health will contain much interesting material. It is evident that the problems presented can not be met and solved merely with more money. It takes time to change methods of service and to enlarge functions. We speak of money as the "sinews of war" and we presuppose the bony structures which are the spirit and traditions of service. In eliminating the historical aspects of the service one loses sight somewhat of the "bony structures" to which the sinews must be attached.

Let me quote from the Letter of Transmittal, "The object of the Institute was not to say whether the Indian Service has done well with the funds at its disposal but rather to look into the future and insofar as possible to indicate what remains to be done to adjust the Indians to the prevailing civilization so that they may maintain themselves in the presence of that civilization according at least to a minimum standard of health and decency." To this end the report contains much helpful criticism and valuable comparison.

ELINOR D. GREGG

For the last three years a committee, representing such organizations as the National Congress of Parents and Teachers, the National W.C.T.U., the General Federation of Women's Clubs, the Federal Council of Churches and the American Social Hygiene Association, has been endeavoring to capitalize the general interest in Valentine's Day to direct the minds of young people to a right attitude toward life and mating. To this end, special material has been prepared and a Valentine printed on attractive paper with an appropriate illustration. "Love in the Winds" is the bracing, wholesome and happy poem on the Valentine, with

a message from Stevenson. The valentines are available through the Valentine's Day Committee, 370 Seventh Avenue, New York City, at 5 cents per copy, or $4.50 per hundred.

Under the title of *Diet for the Young Child* the Baltimore State Department of Health has published a pamphlet, prepared by the Bureau of Child Hygiene, which contains suggestions for the diet of the children who are just entering school and who need all the health and strength they can muster to stand the strain, physically and mentally, of the change to school life. A copy of the pamphlet may be obtained by writing to the State Department of Health, 2411 North Charles Street, Baltimore. A bulletin on school lunches for the older children may be obtained by writing to the U. S. Bureau of Education, Washington, D. C.

In November, 1928, we considered the protection of children in the moving picture industry. The previous month an article in the *Western Hospital and Nurses Review* by Virginia Kellogg described the duties of a nurse—Miss Peggy Coleman—in a moving picture studio. Miss Coleman, who is a graduate of the University of Pennsylvania and is registered in New York State, usually dresses in a costume appropriate for the scene being produced, which enables her to mingle with the crowds during the making of a film. She has a first aid tent and is called on to render first aid for every kind of accident including the birth of a baby and first aid to injured horses.

"The Midwife Problem," a paper by Joe P. Bowdoin, M.D., Director, Division of Child Hygiene, Georgia State Board of Health, Atlanta, Ga., was published in *The Journal of the American Medical Association* for August 18, and is now issued as a reprint by the American Medical Association, 535 North Dearborn Street, Chicago.

At an informal meeting of the public health nurses in Mississippi it was voted to start a circulating library for the public health nurses in the state. Each nurse contributed a sum equal to the average cost of a book and had the privilege of suggesting the book to be purchased. Each nurse is allowed one book at a time for one month, and pays carriage to and from the state office.

A lending library of public health books for Metropolitan Life Insurance nurses is reported by one of the general supervisors. Each nurse, when she is finished with a book, mails it to another whose name she has been given—sort of an endless chain library. The idea might be carried out among state or county groups.

A BRIEF BIBLIOGRAPHY FOR NURSES INTERESTED IN SOCIAL WORK

Breckinridge, Sophonisba P. New Homes for Old. Harper.
Cabot, Richard C. Social Work; essays on meeting ground of doctor and social worker. Houghton Mifflin. $2.00.
Cannon, Ida M. Social Work in Hospitals. Russell Sage Foundation. $1.50.
Colcord, Joanna C. Broken Homes. Russell Sage Foundation. $1.00.
De Schweinitz, Karl. Art of Helping People Out of Trouble. Houghton Mifflin. $2.00.
Dexter, Robert C. Social Adjustment. Knopf. $5.00.
O'Grady, Rev. John. Introduction to Social Work. Century. $2.50.
Richmond, Mary E. What Is Social Case Work? Russell Sage Foundation. $1.00.
Southard and Jarrett. Kingdom of Evils. Macmillan. $5.50.
Townsend, Harriet K. Social Work a Family Builder. Saunders. $2.25.
Van Waters, M. Parents on Probation. New Republic. $1.00.
Youth in Conflict. New Republic. $1.00.
Periodicals: Hospital Social Service (Monthly).
The Family (Monthly).

We are indebted to Miss Frances O'Neill, executive secretary, Catholic Charities of the Diocese of Newark, for this bibliography.

Employment of the Tuberculous, by Alice Campbell Klein and Grant Thorburn, M.D., New York Tuberculosis and Health Association, 244 Madison Avenue, New York City. 50 cents. Valuable for the conclusions at which the study arrives. We quote their summary:

Indications are that a medically supervised vocational and employment service for tuberculous ex-patients will aid materially in carrying through a recovery already started and will help to reduce the relapse rate.

Such a service may be run more economically in connection with similar service for other types of handicapped persons.

To be effective such a service should have the benefit of family case work service either within the organizations or through close cooperation with family agencies.

For the large majority of patients who are unable to return immediately to full time work some special provision in part time shops should be made.

Industrial training in skilled trades for the tuberculous has not proved possible from the vocational point of view for psychological and economic reasons.

The problem of inducing the patient to take suitable work could be greatly facilitated by adequate and continuous vocational counseling in the sanatorium.

It is not feasible to list trades and jobs which are suitable for the tuberculous but rather to list the factors to be avoided and sought in selecting work for them.

RECENT PAMPHLETS

Several pamphlets of interest have come to our attention recently.

Tuberculosis in its Relation to Public Health—For use in high schools. National Tubersulosis Association, 370 Seventh Avenue, New York City.

Organized Medicine and Individual Health and Medical Guidance, by Donald B. Armstrong. Reprinted from the Journal of the American Medical Association, September 1, 1928, 535 North Dearborn Street, Chicago.

The Social Worker and Family Health, by Donald B. Armstrong. Reprinted from The Public Health Journal (Canada), May, 1928.

A Manual for Expectant Mothers, compiled by Mary Riggs Noble, M.D., Department of Health, Harrisburg, Pa.

The Distribution of the Costs of Sickness in the United States, Homer Folks, State Charities Aid Association, 105 East 22nd Street, New York City. An address before the International Conference of Social Work, Paris, France.

A Manual of Tuberculosis Legislation, by James A. Tobey, National Tuberculosis Association, 370 Seventh Avenue, New York City. Valuable as a reference book for those doing tuberculosis work.

What Every Principal and Teacher Should Know About Conservation of Hearts Among School Children, Los Angeles City School District, Los Angeles, California.

The Relation of the Out-Patient Department to Outside Agencies, by John R. Howard, Jr., and others. New York Tuberculosis and Health Association, 244 Madison Avenue, New York City. We call particular attention to the points relating to the success or failure in the conduct of clinics, and the relation to the clinic of the reporting agency. Any association using clinic service is urgently advised to consider the suggestions in the series of articles in this pamphlet.

Within the last few months the Metropolitan Life Insurance Company has published four pamphlets of use to public health nurses, as they combine attractive appearance, simple English and scientifically correct information. They are: *Headaches, Sunlight the Health Giver, "Just a Cold?" Or—, The Teacher's Health.*

The use of fruit in special diets is described in a series of pamphlets issued by the Educational Department of the California Fruit Growers Exchange. Recipes for acidosis, safe reducing diets and menus for school lunches should be particularly helpful to public health nurses. Box 530, Station C, Los Angeles, Calif.

The Mississippi State Board of Health has just published a thirty page illustrated leaflet called *Infant and Preschool Record.* It is planned to send one copy with a photostatic copy of the birth certificate to the parent of each new born white infant. It is thought that the public health nurse can follow up the booklet with explanations of the information and helpful suggestions to the mother.

What Motion Pictures for Children? Practical suggestions for Parent-Teacher Associations, women's clubs, etc. Published by *Children, the Magazine for Parents,* 353 Fourth Avenue, New York City.

A READING LIST ON RURAL NURSING

Appraisal Form for Rural Health Work. American Public Health Association.
Armstrong, D. B. Periodic Physical Examinations in Rural Communities. *Hospital Social Service,* November, 1927.
Coöperative Rural Health Work in 1925–26. *U. S. Public Health Service Reports,* October 22, 1926.
Coöperative County Health Work. *U. S. Public Health Reports,* May 15, 1925. Organization, personnel activities.
County as a Unit for an Organized Program of Child Care and Protective Work, The. Children's Bureau, Publication No. 169. U. S. Department of Labor, 1926.
Cox, C. L. The Organization and Administration of County Schemes for the Prevention of Tuberculosis. *Journal of State Medicine* (London), June, 1927, 342–52.
Faville, Katharine. Rural Public Health Nurse Meets Social Problems. *Nation's Health,* April 15, 1926.
Galpin, C. I. Rural Social Problems. The Century Company. 1924.
Gamble, L. A. A Rural Nursing Program. *Hospital Social Service,* June, 1927.
Gardner, Mary S. Public Health Nursing, 2nd edition. Macmillan Co. 1924. See p. 27 and Part III, chap. 2, pp. 140–51.
Handbook of Rural Social Resources. Henry Israel, Benson Y. Landis. University of Chicago, Ill.
Hiscock, Ira, assisted by eminent authorities. Ideal Plan for a Large City, a Small City and a County. *Community Health Organization.* American Public Health Association. $2.00.
Lumsden, L. L. Extent of Rural Health Service in the United States, 1924–27. *U. S. Public Health Reports,* 42:1163–74.
National Organization for Public Health Nursing. Manual of Public Health Nursing. Macmillan Co. 1926.
Sims, N. L. Elements of Rural Sociology. Thomas Y. Crowell Co., New York. 1928.

Some References from THE PUBLIC HEALTH NURSE

Allen, Jane C. Field Training for Rural Public Health Nurses. September, 1925.
Clark, M. A. Interpretation of Rural Nursing Service Reports. January, 1924.
Emerson, Haven. The Visiting Nurse a County Service. July, 1923.
Ferrell, John A. The Public Health Nurse and County Health Service. June, 1926.
Keeping the Rural Nurse Rural—Palmer. *The Survey,* March 15, 1925. Isobel Glover—PUBLIC HEALTH NURSE, January, 1926. Jane Duffy, PUBLIC HEALTH NURSE, February, 1926.
Health Program by a State Farm Women's Club. March, 1926.
Houlton, Ruth. What Can Be done to Secure Greater Permanency in County Public Health Nursing. October, 1926.
Morgan, E. L. What the Rural Nurse Should Know About the Country. August, 1920, January, 1921.
National Organization for Public Health Nursing. Suggestions for Procedure in Establishing a Public Health Nursing Organization. April, 1926.
Peterson, D., and Houlton, R. What Should a County Nurse Do? January, 1925.
Roberts, Abbie. Rural Field Experiences for Students in Public Health Nursing. April, 1926.
Steiner, Jesse F. Coördination of Public Health Nursing and Social Work in Rural Communities. October, 1926.
Van Ness, Elise. The County Newspaper and the Rural Nurse. October, 1926.

At the request of the International Institute of Intellectual Coöperation of the League of Nations, the American Library Association has selected forty books published in the United States during 1927 which it considers worthy of inclusion in a World List of Notable Books. We list ten of these:

The Rise of American Civilization. Charles A. and Mary R. Beard. Macmillan.
Our Times: The United States, 1900–1925. II. America Finding Herself. Mark Sullivan. Scribner.
The Public and Its Problems. John Dewey. Holt.
The King's Henchman. Edna St. Vincent Millay. Harper.
Jesus, a New Biography. Shirley J. Case. University of Chicago.
A Play, Marco Millions. Eugene G. O'Neil. Boni and Liveright.
Life and Letters of Woodrow Wilson. Ray S. Baker. Doubleday.
Pheasant Jungles. William Beebe. Putnam.
The Human Body. Logan Clendening. Knopf.
Evolution in Science and Religion. Robert A. Millikan. Yale University Press.

NEWS NOTES

Miss R. Cox-Davies, C.B.E., R.R.C., has been elected President of the College of Nursing (England). The College has recently been incorporated under a Royal Charter.

The program for the fifteenth observance of the National Negro Health Week, March 31 to April 7, 1929, is now being formulated. The Public Health Service is making available at a nominal cost, a bulletin containing suggestions to persons, committees, or other groups who will sponsor the Health Week program; also a poster in colors, the subject of which is an athletic girl symbolizing active and abundant health.

Mrs. Elena Crough Lockwood has been appointed to the Advisory Board of the Health Committee of the Child Welfare Division of the General Federation of Women's Clubs.

An afternoon and evening conference on Mental Hygiene in Public Health and Social Work under the auspices of the Boston Council of Social Agencies, Boston Health League and the Massachusetts Society for Mental Hygiene, will be held in Boston on January 29th. Programs may be secured from the conference office, 5 Joy Street, Boston.

The annual meeting of the American Social Hygiene Association will be held January 19 at the Pennsylvania Hotel, New York City, at 10 A.M.

An institute for public health nurses conducted by the South Carolina State Board of Health, Bureau of Child Hygiene and Public Health Nursing, was held at Columbia, S. C., December 6 to 8, 1928. Approximately 45 nurses attended.

The School of Nursing of the Union Hospital in Hankow, China, is holding an institute in February for graduate nurses from all the country places in or near Hankow.

A joint meeting of the National Society for the Prevention of Blindness and the National Organization for Public Health Nursing was held Tuesday, November 27.

A nationwide educational campaign for the prevention of blindness and the conservation of vision among the industrial workers of America and among their families will be launched as a joint effort of the American Federation of Labor and the National Society for the Prevention of Blindness. The industries of this country are at present paying approximately $10,000,000 a year compensation to workmen who have been totally or permanently blinded while at work; this expense is inevitably reflected in the cost of commodities and thereby in the cost of living. The campaign for the prevention of blindness will be carried on through the various publications of the American Federation of Labor and of local labor bodies, through radio broadcasting, exhibits in the meeting places of labor organizations and other avenues of health education.

According to statistics for the year 1927, there were 10,000 visiting nurse services in Germany, 2,200 of which were maintained by local Red Cross committees. These services comprise every branch of public health work and home nursing, maternity and infant hygiene, the campaign against tuberculosis, the protection of illegitimate and deserted children, of the aged and infirm, courses in first aid, domestic hygiene and child welfare.

The figures relating to 1,715 Red Cross stations show that 1,568 of these are equipped with medicine chests and first aid material; 661 have layettes and

supplies for maternity cases, while 607 have stores of clothing for distribution to the poor.

Mrs. Agnes Tanney of the Department of Health of Regina, Saskatchewan, has received a Rockefeller Fellowship for two months' study, one month to be spent in Toronto, the second month in Darke County Health Unit, Greenville, Ohio.

Mrs. Margaret Sanger, founder and president of the American Birth Control League, has resigned to devote her time to a study of methods for reducing mortality among mothers as a result of childbirth. Mrs. Sanger has been interested in this problem since 1914, and this particular aspect of the situation led to the beginning of the birth control movement. Mrs. F. Robertson Jones will succeed her as president of the American Birth Control League.

The education of children living on the canal boats which navigate the inland waterways of England, of whom there are approximately 1,000, is still an unsolved problem. Under a legislative act of 1921 the canal boatman and his family are residents of the town where the boat is registered. But the boats are in their registration ports only a few days at a time, and according to the latest report of the Government inspector half the children attend school only about 20 half-days a year, and 85 per cent are almost uneducated. A system of traveling schools like that in use in Canada, with teachers who would follow the boats from port to port, is suggested by the *London Times* as a solution of the problem.

Five nurses located in the city of Watervliet, New York, and employed respectively on the State Department of Health (Sheppard-Towner), the city board of health, the local board of education and two large life insurance companies recently met and agreed to take turns in instructing the mothers attending the weekly family health conferences planned for this fall. Each talk or demonstration will be under the entire charge of one of these nurses.

The annual meeting of the Graduate Nurses' Association of Connecticut will be held in Hartford February 6–8, 1929, at the Hotel Bond.

APPOINTMENTS

Mary K. Nelson as Superintendent of Nurses and Hospital at the Community Hospital, Farmington, Maine. This is one of the Commonwealth Fund projects where the hospital will be a health center in a rural community.

Ann Doyle as teacher of public health nursing, Metropolitan Hospital, New York.

Marguerite LeJeune as resident nurse, Greenwich Shelter, Greenwich, Conn.

Mrs. Gertrude Prichett as Health Supervisor, Christodora House, New York City.

Mary E. Murphy as chief nurse, American Red Cross Visiting Nurse Service, Bloomfield, N. J.

Laura Johnson as Educational Supervisor, Visiting Nurse Association, Elizabeth, N. J.

Anne McCabe, under the Rockefeller Foundation, as nursing supervisor in the public health unit at Peking Union Medical College, Peking, China.

We plan to print in February as complete a list as possible of officers of state public health nursing organizations.

Dr. George K. Pratt of the National Committee for Mental Hygiene has been appointed chairman of the mental hygiene committee of the National Congress of Parent-Teacher Associations. This committee is a sub-committee of the Health Committee. A list of books recommended for reading by parent-teacher groups may be obtained from the National Committee, 370 Seventh Avenue, New York City.

Anna Grace Whipple is stationed as a Delano Memorial nurse at the Sea Coast Mission, Matinicus, Maine. She has about 140 people—fishermen and their families—on the island which is 22 miles out at sea. There is no doctor on the island and there are no telephones.

A study covering 100 Catholic child-caring institutions chosen as representative of the 350 institutions of the country, is being financed by the Na-